



BISHOP CONNOLLY HIGH SCHOOL

PARKING PASS 2021-2022

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| NAME | |
| GRADE (2021-2022 SCHOOL YEAR) | |
| STREET ADDRESS | |
| TELEPHONE NUMBER | |
| DRIVER'S LICENSE NUMBER | |
| EXPIRATION DATE | |
| INSURANCE CARRIER | |
| POLICY NUMBER & EXPIRATION DATE | |
| MAKE/MODEL OF VEHICLE | |
| COLOR OF VEHICLE | |
| YEAR OF VEHICLE | |
| LICENSE PLATE NUMBER | |

I have read the guidelines established for parking privileges and understand that violations may mean suspension of privileges and/or disciplinary action.

PARENT/GUARDIAN SIGNATURE/DATE

STUDENT SIGNATURE/DATE