Centralia High School
Parking Permit Registration
2019-2020

Permit Number

Year in School: ☐ Sr. ☐ Jr. ☐ So. ☐ Fr.

_____
Student Name (Please Print)

_____
Address City

_____
License Plate Number

_____ _____
Vehicle Make (e. g. Ford, Chevrolet, etc.) Primary Color

_____ _____
Vehicle Model (e. g. Explorer, Escort, Intrepid, etc.) Year

- ☐ Valid License
- ☐ Valid Registration
- ☐ Proof of Insurance
- ☐ $10.00 Registration Fee
- ☐ Signed Drug Testing Consent Form

I have read and understand the parking and vehicle regulations and agree to abide by these rules to ensure the safety of all individuals. I understand the school district reserves the right to reasonable search of any vehicle entering or parked on school grounds without owner's/driver's consent. I also understand that I must consent to participation in random drug testing on campus. I understand that my parking permit may be revoked (without refund) because of violations of the parking and vehicle regulations.

_____
Student Signature Date