

# WINCHESTER HIGH SCHOOL PARKING 2015 - 2016

NAME: \_\_\_\_\_

GRADE: (Please circle one)

Freshman - 9    Sophomore - 10    Junior - 11    Senior - 12

I would like to be assigned to the following parking area: (check one):

**\*\*Preferrably trucks on West side of school.**

- \_\_\_\_\_ East Parking Lot
- \_\_\_\_\_ West Parking (near band room)
- \_\_\_\_\_ West Parking (near auto building)
- \_\_\_\_\_ No Preference

Make/Model: \_\_\_\_\_

Color: \_\_\_\_\_

Year: \_\_\_\_\_

I grant my son/daughter permission to drive to school and verify they will be driving at least once a week.

\_\_\_\_\_  
Parent / Guardian Signature

Parking #: \_\_\_\_\_ (school assigns)

Paid:        Yes                      No                      \$20 per School Year