

WINCHESTER HIGH SCHOOL PARKING 2016 - 2017

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