

**CANYON VIEW HIGH SCHOOL**  
**166 WEST 1925 NORTH**  
**(435) 586-2813      FAX: (435) 586-2849**

Staff Use Only – Student Parking  
Permit # \_\_\_\_\_

**2018-2019**

**CANYON VIEW HIGH SCHOOL**  
**PARKING PERMIT REGISTRATION FORM**

(1 Form Per Vehicle—If you plan on driving more than one car, you will need to register them on a separate form)

(ALL INFORMATION IS REQUIRED)

**STUDENT INFORMATION**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Cell \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

**CAR INFORMATION**

Car Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Vehicle's Registered Owner \_\_\_\_\_

Verified \_\_\_\_\_

**STUDENT DRIVER'S LICENSE INFORMATION**

Student Name (as it Appears on Driver's License) \_\_\_\_\_

State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Student Driver's License # \_\_\_\_\_

Verified \_\_\_\_\_

**I have read the parking regulations on the reverse side of this sheet, and I understand that violating these regulations *will result in a \$20.00 fine* per incident and possible immobilization (wheel lock/booting) of my vehicle until the fine is paid.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_