

Sale Dates
Seniors ONLY: 6/1-6/30/09
Juniors: 9/9/09- until sold out

2009-2010 Kennedy Catholic High School Parking Registration

Students Name: _____

Drivers License #: _____

Grade: _____ Homeroom #/Teacher (if known): _____

	Car #1	Car #2	Car #3
Make & Model			
Year			
Color			
License Plate #			
Registered to			
Registration #			
Insurance Name and Account #			

Students: I REALIZE PARKING ON CAMPUS IS A PRIVILEGE AND I UNDERSTAND THE RULES, REGULATIONS AND CONSEQUENCES REGARDING SUCH A PRIVILEGE AT KENNEDY CATHOLIC HIGH SCHOOL.

I have read and understand the above statement.

Student Signature _____ Date _____

Parent/Guardian: Please read and sign.

I have reviewed the parking rules and regulations with my child. The vehicle to be registered is insured and inspected to date.

Parent/Guardian email _____ phone # _____

Parent/Guardian Signature _____ Date _____