



2019-2020 Stratford High School STUDENT PARKING REGISTRATION

DECAL #

Please Print Clearly in Black Ink!

Student's Name		Last	First	Middle	
Grade					
STUDENT'S HOME ADDRESS					
Phone					
PARENT/GUARDIAN NAME					
Daytime/Work Phone #			Cell Phone #		
STUDENT'S DRIVER'S LICENSE INFORMATION					
STATE			NUMBER		
VEHICLE INFORMATION					
MAKE	MODEL	YEAR	COLOR	LICENSE PLATE	
				STATE	
INSURANCE COMPANY					
POLICY NUMBER					

I have read and understand all the rules and regulations listed on the "Stratford High School Parking Rules" form.

I understand that failure to abide by any rule or regulation is justification for cancellation of this agreement and possible disciplinary action.

Student's Signature Date

Parent/Guardian's Signature Date