

Student Parking Employer Portion

*Please fill this out if a student's employment is contingent upon driving to
work from school.*

This is for 11th grade students only.

Name of Employed Student: _____

Name of Business: _____

Address: _____

I verify that this request is valid and that a legitimate need exists for permission to drive to school.

Employer Name (please print): _____

Employer Signature: _____

Phone: _____

Email: _____

