



Buford High School  
*Student Parking Application*

Space Assigned

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Payment Method: Check   
Cash

Car #1      Make       Model       Color

Tag#

Car #2      Make       Model       Color

Tag#

Driver's License #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

*Any student with seven or more absences and/or tardies (excused and unexcused) in first or second period will lose parking privileges.*