Senior PAINT Your PARKING Spot Application – Due: ASAP

Name ____________________________
Parking Permit/Spot # __________ (must have this to apply)  Today’s Date ____________________
Paid in full $10 __________  online.

Parent/Guardian and Student Signatures
By signing below, both parent/guardian and student have read and agree to the Expectations for PAINT Your PARKING Spot on the attached sheet. This form must be completed and approved prior to the painting of your reserved spot. Please retain your copy of the Expectations attached.

Parent/Guardian Signature ____________________________  Student Signature ____________________________

Parent/Guardian Printed Name ____________________________  Student Printed Name ____________________________

Sketch your design below. Indicate the colors you plan to use by writing them on your design.

Design approval _______ YES _______ NO

Signature of Senior Sponsor ____________________________

Design approval _______ YES _______ NO

Teacher Signature ____________________________

Benoith@pcsb.org