

For seniors only

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.

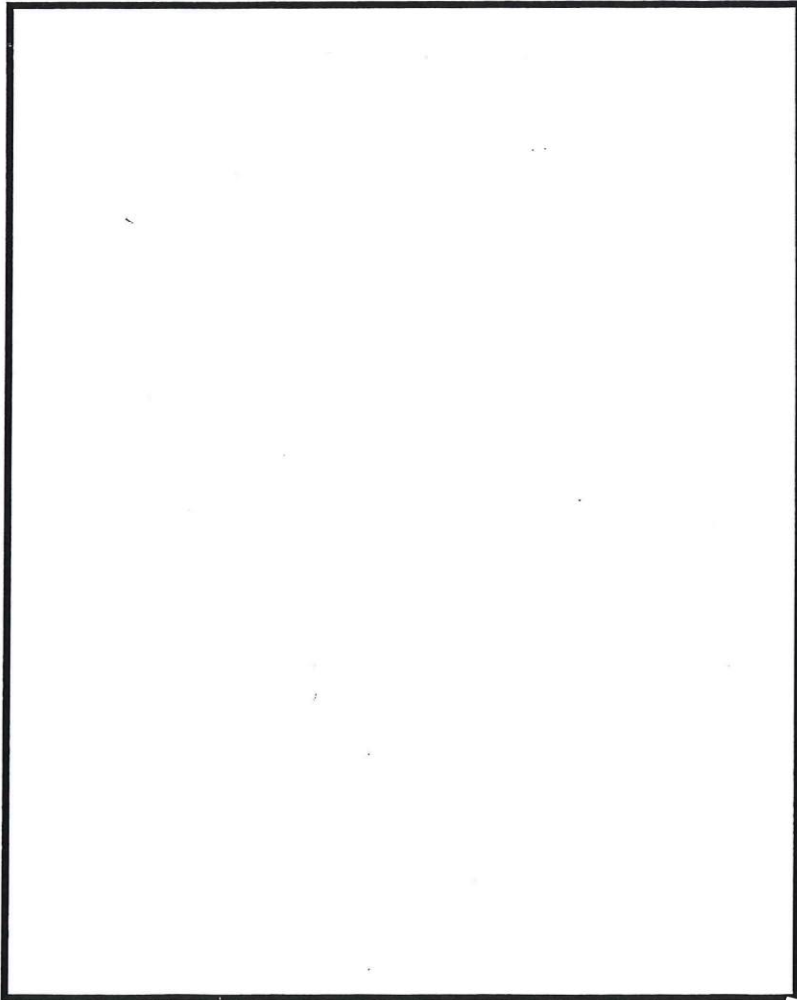
Parent/Guardian Signature

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@psb.org