

Date: _____
Amount Paid: \$ _____
Cash Check # _____

GALLATIN HIGH SCHOOL
700 DAN P. HERRON DRIVE
GALLATIN, TN 37066
(615) 452-2621
ghs.sumnerschools.org

PARKING PERMIT REGISTRATION

Print all information neatly with an ink pen.

Student/Faculty Information

To be completed by registrant:

Name: _____
Address: _____

Phone: _____
Grade Level: _____

For office use only:

Permit Number: _____
Parking Area: _____
Date Issued: _____
Issued by: _____
Administrator: _____

Vehicle Information

Year: _____ Color: _____
Make: _____ Model: _____
Body Style (ex. 2 door/4 door): _____
Vehicle License Plate: _____
Driver License Number: _____