

**2021-2022 Parking Information**

Student Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_

Grade \_\_\_\_\_ Student Signature \_\_\_\_\_

LICENSE PLATE #                      COLOR                      YEAR                      MAKE & MODEL OF VEHICLE(S)

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I understand that by parking in the Greenfield High School parking lots I agree to any and all vehicle searches that are requested by Greenfield Administration and/or local authorities.

I understand that I will be assigned a parking spot. If I park in any spot other than the one assigned to me, my vehicle may be subject to being towed at my expense.