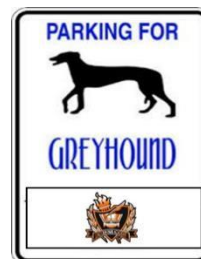St. Lucie County School Board

LPA PARKING REGISTRATION FORM

(please print)

Complete the form and submit a copy of your current driver's
license, registration, and insurance. All payments must be made via School Pay. A link
to the payment will be sent to your student email after you submit your documents.

Student Information

Driver's Name: _____ _____Student ID _____
                    (Last name/First name)

Classification: (circle all that apply)   Sophomore   Junior   Senior   Dual Enrollment

Street Address/City: _____

Home Phone: _____Cell Phone: _____

Parent's Name: _____ Parent's Cell Phone Number: _____

Vehicle Information

Vehicle Make/Model: _____   Type: (circle) Car   Van   Truck   SUV   Other

Vehicle Year/Color: _____   VIN#: _____

Driver's License #: _____ License Tag #: _____State: _____

Insurance Company: _____   Insurance Policy #_____

FOR ADMINISTRATION USE ONLY

Attendance _____   G.P.A._____   Obligations cleared _____

DL/Registration, Insurance _____   Payment/Decal_____

ONLINE payment: _____

Permit #: _____   Date Issued: _____   Parking Lot: _____