



2023-2024
NESHOBA CENTRAL HIGH SCHOOL
PARKING PERMIT INFORMATION

PARKING REGISTRATION FORM

Please print all information.

Driver's Name First: Middle: Last:		Parking Permit #	Category: (Check One) Staff: Student: <input checked="" type="radio"/>
Home Phone:	Work Phone:	Date Issued:	Date Expires: May 24, 2024
Driver's License Number	Expiration Date	State: Mississippi <input checked="" type="radio"/> <input type="radio"/>	
Vehicle Color/Make/Model: (Example: Red/Ford/Explorer)		Parking Area/Space (check one) <input type="checkbox"/> Athletic <input type="checkbox"/> Behind new High School <input type="checkbox"/> Old HS <input type="checkbox"/> New HS side parking lot	
Vehicle Year: _____	License Tag Number:	Permit Color: _____ White	
Driver's Signature: _____		Parking Permit: All parking permits must affixed to the left side of back window of vehicle.	
VEHICLE OWNER (Parent) INFORMATION		NESHOBA COUNTY SCHOOL DISTRICT	
Name: _____		Post Office Box 338	
Address: _____		Philadelphia, Mississippi 39350	
_____		CO Phone: 601-656-3752	
City, State & Zip Code		HS Phone: 601-656-3654	
Phone: Home: _____ Work: _____		You will need \$10 <u>cash</u> , a copy of your <u>insurance card</u> , and a copy of your <u>drivers license</u> . *NO LEARNERS PERMIT	
Insurance Company Name: _____			