



GRANDVIEW HEIGHTS SECONDARY

2024-2025
School Year
Pass # _____

STUDENT DRIVER INFORMATION FORM

NAME: _____
(Surname) (Called Name in Full)

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE/CELL NUMBER: _____ STUDENT NUMBER: _____

Driver's License # _____ Issuing Province: _____

VEHICLE MAKE AND MODEL/COLOUR: _____

LICENSE PLATE: _____

If vehicle is not owned by the student/name of owner of the car being parked in school lot:

EMERGENCY CONTACT PHONE NUMBER: _____

Please submit with a copy of student driver's license, copies can be made at the office.

Student Signature

Parent/Guardian Signature

Reviewed and approved by: _____
School Administrator

Fee for Parking pass is \$5.00

Student will be contacted via email once Parking Pass is available for student pick up. Please display on the review mirror, "Parking Permit" facing towards the windshield, when parked in the lot.

All student drivers must always follow appropriate parking lot procedures. Speeding or reckless driving will result in a loss of all parking privileges (with no refund).