Seminole Ridge High School Notary Parking Application 2024-2025

Please indicate any extracu	rricular activities	s or OJT		
Name:		Grade:		Student #
Driver's License Number:				
Vehicle Information:	Make:	Mo	odel:	
	Year:	Co	olor:	
License Plate #				<u> </u>
Insurance Information:	Company:			
Policy number:		Expiration Date:		
have provided the necessar	y information to	receive a parking p	ermit.	ations of the parking contract and that
		Date:		
Parent signatureNotary Required				
STATE OF FLORIDA COUNTY OF PALM BEACH In, on the county, personally appeared the foregoing instrument, and befor the purposes therein contain	_ day of peing first duly swo ned as his or her fro	, 20, before, known to me or orn, such person acking ee and voluntary act	and deed	
		Off H O-1-	_	
		Office Use Only	7	