

Duchesne High School Parking Spot Request Form

Your Name	Grade	Make/Model of car	License Plate #

My top 5 Choices for parking are:

1st Choice	LOT _____	#
2nd Choice	LOT _____	#
3rd Choice	LOT _____	#
4th Choice	LOT _____	#
5th Choice	LOT _____	#

I agree to adhere to all parking lot policies outlined in the Duchesne Handbook.

Signature of Student: _____ **date:**

Signature of Guardian: _____ **date:**
