



EGHS Student Parking Pass Application

2024-2025



To obtain a parking permit, this form must be completed with a student & parent/guardian signature and submitted with \$30.00 cash or check made payable to East Gaston High School. By signing this form, the student and parent/guardian understands and will abide by all EGHS parking policies (back of this form). Violation of parking policies will result in fines, suspension, and revoking of parking privileges.

Student Name: _____ Grade: _____

Student Driver's License # _____

Address: _____ City: _____ Zip: _____

Parent contact numbers

Home Phone Number: _____

Work Phone Number: _____

Description of ALL Vehicles you will be driving to East Gaston High School

#1
 Make: _____ Model: _____ Year: _____ Color: _____

License Plate Number: _____

#2
 Make: _____ Model: _____ Year: _____ Color: _____

License Plate Number: _____

#3
 Make: _____ Model: _____ Year: _____ Color: _____

License Plate Number: _____

*** Lost parking permits will result in a \$10.00 replacement fee!**

Student Signature: _____ Date: _____

Parent Name: (print) _____

Parent Signature: _____ Date: _____

School Official Use:	
Parking Space Number: _____	Student ID Number: _____
School Official Approval Signature: _____	Date: _____