



iSTEM Early College High School Parking Pass Application

For Office Use Only:

Permit Number _____ Date Issued _____

Copy of Driver's License

Copy of Liability Insurance

Payment \$30.00 _____ Cash _____ Check **Made payable to Auburn C.C.** check # _____

Student Vehicle Registration

Student Name: _____ Grade: _____

Vehicle Owner's Name(s): _____ Date: _____

Associate School Administrator Signature: _____ Date: _____

Vehicle Make	Model Year	Color	License Plate #
1)			
2)			
3)			

I have read the following driving/parking regulations and agree to abide by the driving/parking policies of iSTEM Early College High School.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
