Coginchaug High School
Parking Pass Application

Grade Level _____   Parking Pass #_____

Student Id# _____

STUDENT PARKING REGISTRATION FORM

Last Name: _____First:_____

Address: _____

Home Phone #_____

Cell Phone #_____

Make and Model of Car #1_____Color_____

License Plate #_____   Year_____

Make and Model of Car #2_____Color_____

License Plate #_____   Year_____

Paid $50.00_____   Online/Cash/Check#_____
                                 Receipt #_____

Please Note:
- The $50 parking fee must be paid in full before students will be issued a parking pass. Per Board Policy the parking fee cannot be prorated. Please make checks payable to "CRHS General Fund."

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