# Duchesne High School Parking Spot Request Form

| Your Name | Grade | Make/Model of car | License Plate # |
|---|---|---|---|
| | | | |

My top 4 choices for parking spots are: (Links to maps of the parking lot are below)

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

| Links for maps of the parking lot |
|---|
| Parking Lot A |
| Parking Lot B |
| Parking Lot C |
| Parking Lot D |

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

Signature of Student: _____ Date:_____

Signature of Guardian: _____ Date: _____

Please fill out this form and return it to Mrs. Richards, along with your $50 parking fee, in person (main office) or by mail to Duchesne High School, % Parking Permit, 2550 Elm St., St. Charles, MO 63301.