

GPA \_\_\_\_\_

**Parkview Arts/Science Magnet High School  
Driver's License Attendance Form Request  
Date \_\_\_\_\_**

**Name:** \_\_\_\_\_ **ID #** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Allow 2 days after requests are submitted.  
Completed forms will be available for pick up on Tuesdays and Thursdays only.**

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