

STUDENT PARKING PERMIT APPLICATION

Name _____ Grade _____

Address _____ Telephone _____

Year _____ Make _____ Model _____ Color _____

License Number _____

1. All automobiles parked on the school grounds must be registered with the school and must display the current parking permit on the rearview mirror. (Cost for pass \$10)
2. Student parking is strictly limited to the student parking area. Students parking in the first two rows during school hours may lose their privilege to use the parking lot. All students must use the parking lot area shared with the Recreation Center.
3. All students must be licensed and covered by insurance. The school is not responsible for the automobile or its contents.
4. There is to be no loitering in the parking lot. Students may not go to their automobiles during the school day without permission from the office.
5. There will be no speeding over 5 miles per hour or any form of reckless driving on school grounds.
6. Student vehicles may be subject to search if there are reasonable grounds to believe that drugs, alcohol, stolen property or other contraband might be present in the vehicle.
7. Parking regulations are strictly enforced. It is considered a privilege to park on school grounds. Denial of driving privileges, towing of vehicles and/or suspension from school may occur when violations of these regulations occur.

I have read and understand the parking regulations.

Signature of Student

Date

To be completed by a Parent or Guardian

Name of Student

The above named student has permission to drive the vehicle described above. It is understood that violation of any of the driving and parking regulations may result in the denial of this privilege and/or suspension from school.

Signature of Parent

Date

Permit Number _____

School Official _____