

Student Parking Permit

Office Use:
Paid: Y or N
Receipt Given: Y or N

_____ *Last Name*

_____ *First Name*

_____ *Grade*

_____ *Assigned Space*

Address: _____

Parent Signature: _____

Please fill this section out if you're driving due to a sport or activity after school:

Activity/Sport: _____

Sponsor/Coach Signature _____

Please fill this section out if you're driving due to employment:

Place of Employment: _____

Supervisor Signature: _____

Works Schedule:

Monday _____ to _____ Thursday _____ to _____
Tuesday _____ to _____ Friday _____ to _____
Wednesday _____ to _____

Must be completed for any vehicle(s) you may be driving to school:

Make of Vehicle

Color

Year

License Plate #

PARKING SPACES ARE LIMITED. THEY ARE GIVEN ON A FIRST COME FIRST SERVE BASIS. PARKING PERMITS ARE A PRIVILEGE NOT A RIGHT.

1. This permit will be used only in the vehicle(s) listed on this form.
2. I will only park in my assigned space.
3. My vehicle will be moved to a designated area by 3:15 during the fall.
4. I will obey all speed limits and stop signs.
5. I understand that once my activity has concluded that I may have to return my parking pass if there is a shortage on parking spots for students who are participating in current activities.
6. I understand that my \$20. parking pass is non-refundable, whether I have it for 1 day or 9 months.

BY SIGNING THIS AGREEMENT I UNDERSTAND THAT BY BREAKING ANY OF THE RULES, MY DRIVING PERMIT MAY BE REVOKED.

_____ *Student Signature*

_____ *Date*