**Parking Spot #**

**Parking Permit Form**

# **Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_**

**Vehicle Information**

License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tag #

## Insurer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #

Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_

*Example: Honda Accord 95 Red*

**Please read the following information carefully before signing:**

1. *I fully understand that I am subject to random drug testing since I choose to park on campus. I understand that all rules and procedures of the drug testing is in the student handbook.*
2. I understand that if I leave campus without proper check out through the office, I will be denied parking for one week and assigned two days of OSS. On the second offense, I will be denied parking for a month with three days of OSS. On the third offense, I will be denied parking for rest of the year and three days of OSS. This includes being responsible for any other student who leaves with me without proper check out procedures. I am responsible for all parties in my vehicle.
3. I understand that I will lose my parking/driving privileges at when I reach **15** late to school tardies for the year. I will also forfeit my $30 parking permit fee to the school. The parking space will be rented to another student.
4. I understand the following based on unexcused check ins-

**\_\_\_5 Check Ins- Loss of parking for 3 days**

**\_\_\_10 Check Ins- ISS and loss of parking for 5 days**

**\_\_\_15 Check Ins- 2 days of ISS and loss of parking for remainder of the school year.**

I further understand that my vehicle is subject to being searched by school personnel.

1. I am not allowed to transfer my parking permit to another person. I am not allowed to share or give another person the right to park in my space.
2. I also understand that the school is not responsible for any damage that may occur to my vehicle while it is parked on the campus. These damages include but are not limited to: break-ins, scratches, windshield damage or other accidents.
3. I must park in the space assigned to me. My parking decal must be displayed in my window at all times with year and decal number easily visible.
4. I will not visit my vehicle during the school day without principal’s permission.
5. I must drive in a safe and orderly manner at all times.
6. I understand that speeding, reckless driving, loud music, loitering, parking in another spot, parking in wrong spots, etc…may lead to suspension of parking.
7. I am not allowed to park in the teacher parking lot for any reason.

**Any violation of these rules will result in the suspension of driving privileges.**

\* By signing below, I understand and agree to the rules and regulations listed above.

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_