2016-2017 STUDENT ON-CAMPUS PARKING PERMIT

ALL STUDENTS WHO DRIVE MUST COMPLETE THIS FORM.

STUDENT'S NAME: _____ **Grade 16-17:** _____

MAKE OF CAR:_____ **Color:**_____

CAR LICENSE NO.:_____

If you sometimes drive a different car, please complete.

MAKE OF CAR 2:_____ **Color 2:**_____

CAR LICENSE NO 2.:_____

Auto Insurance Company Name: _____ **Policy #**_____

(MUST BE COMPLETED)

Do you DRIVE a carpool to/from school?

Circle days you drive: **M T W Th F**

List names/grades of passengers:

Before school names: *After school names:*

_____ _____

_____ _____

_____ _____

_____ _____

BY ACCEPTING THIS ASSIGNED PARKING, I UNDERSTAND THE FOLLOWING:

1) Car must be parked in a legally marked parking space.
2) Car may be parked in the assigned lot only.
3) Car may not be moved to the gym level during practice or home games.
4) Failure to obey traffic and parking regulations will result in the loss of the parking privilege on school property.

Student Signature _____ *Date*_____

PLEASE NOTIFY THE MAIN OFFICE OF ANY CHANGES DURING THE SCHOOL YEAR.

Rev. July 2016