

Parking Permit Application

Student Information: Last Name First Name Address_____Zip Code_____ Homeroom Teacher Homeroom Teacher **Vehicle Information:** Vehicle #1: License Plate______ Make/Model/Color_____ Vehicle #2: License Plate Make/Model/Color Insurance Company______Policy Number____ Agent Name_____ Agent Telephone_____ Student vehicles issued parking permits are liable to the school search policy: "The school retains the authority to conduct routine patrols of student parking lots and inspections of the exterior of student vehicles on school property without prior notice or consent." "School officials may conduct a reasonable search of the interior of a particular student's vehicle when there is a reasonable suspicion that the vehicle contains contraband." Student Signature______ Date_____ Parent Signature Date **Office Use Only:** Driver License Number_____ Expiration____

Permit Number

(Principal Signature) (Date)

_____ Approved

Denied