APPLICATION/PERMISSION FORM FOR DRIVING PERMIT

Complete both sides and return to the Principal’s Office with your driver’s license, proof of insurance and vehicle registration.

Student Name____________________________________________________________

Career Tech Program______________________________________________________

[ONE TAG WILL BE ASSIGNED PER STUDENT]

Vehicle #1
License Plate Number_________ Make_________ Model_________
Color___________ Year _____________ Insurance Co._____________________
Policy Number_______________ Policy Expiration Date_____________________

Vehicle #2
License Plate Number_________ Make_________ Model_________
Color___________ Year __________________

Vehicle #3
License Plate Number_________ Make_________ Model_________
Color___________ Year _____________

Vehicle #4
License Plate Number_________ Make_________ Model_________
Color___________ Year _____________

(over)
STUDENT PARKING AGREEMENT

In exchange for the privilege of driving to school and securing a full-year parking permit, the student and parent agrees to the following conditions:

1. The student will park in the assigned parking lot.
2. The student will exit and lock his/her vehicle immediately upon arrival to school.
3. The student will display his/her parking tag correctly.
4. The student will drive carefully and responsible to and from school and while on school property.
5. The student will notify the Principal’s Office of any changes in the information on the parking application form.
6. The student will permit the interior of the vehicle to be inspected upon request of the Principal or the Dean of Students.
7. The student will not allow his/her tag to be used by any other person or in any other vehicle that is not registered.
8. The student will not be in or around his/her vehicle, or any other vehicle in the parking lot during the school day without authorization from the Principal’s Office.
9. The student will exchange insurance information in the event of an incident on school property involving his/her vehicle.

I understand that my driving privileges may be revoked for any violation of this agreement.

_________________________________  _______________________
Student Signature                      Date

_________________________________  _______________________
Parent/Guardian Signature             Date

JUNIOR STUDENTS MUST HAVE THE FOLLOWING COMPLETED

Please permit my son/daughter to obtain a full-year parking tag.

_________________________________
Student’s Name

reasons: __________________________________________
_________________________________

_________________________________  _______________________
Parent/Guardian Signature             Date

Revised 8/2015