

TAG #

STUDENT VEHICLE INFORMATION

NAME: _____

DRIVERS LICENSE NUMBER: _____

VEHICLE INFORMATION

VEHICLE 1

MAKE: _____ MODEL: _____ COLOR: _____

YEAR: _____ LICENSE PLATE: _____

VEHICLE 2

MAKE: _____ MODEL: _____ COLOR: _____

YEAR: _____ LICENSE PLATE: _____

VEHICLE 3

MAKE: _____ MODEL: _____ COLOR: _____

YEAR: _____ LICENSE PLATE: _____

I understand that it is a privilege to park and drive on school grounds. The vehicle(s) I drive will have current insurance and registration.

I understand that the LOWER parking lot at the shop area is for staff parking ONLY. The only time I may park in the lower parking lot is with PRE-APPROVAL from the High School Principal, Assistant Principal or Campus Security.

I will park ONLY in the upper parking lot in a designated parking spot. I understand that I am subject to a fine(\$) or may not be allowed to park on the school grounds if I fail to follow these rules.

SIGNATURE _____ **DATE** _____