

NAME _____

LICENSE PLATE# _____ **MODEL** _____

YEAR _____ **COLOR** _____

EXPECTATIONS

1. I agree to drive safely on school property and around school at all times.
2. I understand that my parking privilege will be revoked if my attendance falls below 90%.
3. I understand that the school has the right to search my vehicle "upon reasonable suspicion" on school property, or at a school sponsored activity. (District Administrative Rule: JFG)
4. I agree to do my part to keep the parking lot clear.
5. I understand I may not trade, sell, or otherwise assign my parking privilege.

PERMIT# _____

SIGNATURE

gen office/forms/parking permit form

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