

# Student Parking Permit Application Form

## Personal Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Vehicle Information

Vehicle Make and Model: \_\_\_\_\_

Vehicle Color: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

## Permit Details

Parking Lot Preference (if applicable): \_\_\_\_\_

## Agreement and Signature

- ☐ I agree to park my vehicle within the designated spaces only and observe all posted parking signs and regulations.
- ☐ I will not block other vehicles, pedestrian walkways or emergency exits.
- ☐ I will drive responsibly in the parking lot and adhere to the speed limits and traffic directions.
- ☐ I agree I will follow all school parking rules.
- ☐ I certify that the information provided above is accurate and complete. I understand that this application is subject to approval by school authorities and that the parking permit issued may be revoked if any information is found to be false or if I violate parking regulations.
- ☐ I understand the school is not responsible for any theft, damage or vandalism that occurs in the parking lot. Vehicle owners park at their own risk and are encouraged to take appropriate precautions, such as locking their vehicles and not leaving valuables inside.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Permit Number Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_ Date Issued: \_\_\_\_\_