



2017 – 2018 SRHS PARKING PERMIT APPLICATION
(All information and signatures are required)



SPACE # _____

STUDENT INFORMATION

STUDENT ID # _____

STUDENT NAME: _____

STUDENT CELL PHONE: (_____) _____ - _____

DRIVERS LICENSE # _____ - _____ - _____ - _____ - _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE: (_____) _____ - _____

CLASS: SENIOR _____ JUNIOR _____ SOPHMORE* _____

*(Issued after the 2nd full week of school on a space-available basis after all Juniors are provided an opportunity)

VEHICLE INFORMATION

MAKE: _____

MODEL: _____

YEAR: _____

COLOR: _____

TAG # _____

INSURANCE COMPANY: _____ POLICY # _____

NAME OF PERSON THIS VEHICLE IS REGISTERED TO: _____

RELATIONSHIP: _____

IT IS THE STUDENT'S RESPONSIBILITY TO BRING \$40 (CASH OR CHECK) AND A SCANNED COPY FOR THE SCHOOL TO KEEP ON FILE OF THEIR VALID DRIVER'S LICENSE, VEHICLE REGISTRATION, AND CURRENT INSURANCE CARD.

1. \$40 CASH OR CHECK (CHECK MADE PAYABLE TO: SRHS)
2. VALID DRIVER'S LICENSE - (SCANNED COPY)
3. VEHICLE REGISTRATION - (SCANNED COPY)
4. CURRENT INSURANCE CARD - (SCANNED COPY)

NOTE: COMPLETE BACK SIDE BEFORE SIGNING

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

All or a portion of parking fees will be used for senior activities.

**SEBASTIAN RIVER HIGH SCHOOL
2017 – 2018 Parking Permit Rules**

1. I understand that parking on the SRHS campus is a privilege and may be revoked at any time for rule violations. If my permit is revoked I understand that I will not receive a refund.
Parent Initials _____ Student Initials _____
2. I understand that parking anywhere on campus other than my designated parking space will result in my vehicle being towed at my expense. *Safety* issue. (NOTE: Firehouse Towing - 772-617-6525 - \$150)
Parent Initials _____ Student Initials _____
3. The cost for a parking sticker is \$40.00 for all students. Replacement sticker fees for lost/damaged stickers are \$10.00. There is only one replacement sticker available for purchase. One set of new parking stickers will be provided free if a different vehicle is substituted later in the year.
Parent Initials _____ Student Initials _____
4. I understand that if I have 3 unexcused absences throughout the day and/or 3 unexcused tardies to 1st period or any combination thereof I will lose my parking privilege for 2 weeks or until I am in compliance with attendance requirements. (NOTE: attendance/tardies are checked every 2 weeks beginning the 4th week of school for the prior two weeks.) Parent Initials _____ Student Initials _____
5. I understand if I go to the parking lot without a pass, I will receive a referral on the 2nd offense. I understand upon the 3rd offense, I will lose my parking privilege for 2 weeks. *Safety* issue.
Parent Initials _____ Student Initials _____
6. I understand that if I leave campus without school permission, my parking permit may be revoked. Repeated offenses will result in revocation of parking permit with no refund. *Safety* issue.
Parent Initials _____ Student Initials _____
7. I understand if I am found leaving campus prior to 2:05pm, whether I return or not, with another student in my vehicle my parking privilege will be revoked for 2 weeks. If a 2nd offense occurs my parking privilege will be revoked with no refund. Parent Initials _____ Student Initials _____
8. I understand if I drive another vehicle, I must place a piece of paper on the dashboard with my full name.
Parent Initials _____ Student Initials _____
9. I agree to have both parking stickers properly affixed to the authorized vehicle. The stickers should be located on the inside of the driver's side windshield AND on the exterior of the driver's side back window.
Parent Initials _____ Student Initials _____
10. I understand that I must maintain a 2.0 GPA or my parking permit will be revoked with no refund.
Parent Initials _____ Student Initials _____
11. I understand that my parking sticker is for my use only and may not be given to/used by any other person for any reason. Violation of this policy will result in forfeiture of my parking permit with no refund.
Parent Initials _____ Student Initials _____
12. I understand that SRHS is not responsible for damage to my vehicle or the contents of my vehicle.
Parent Initials _____ Student Initials _____
13. If someone is parked in my designated space or if I am temporarily driving a different vehicle, I will report it immediately to the front office. Parent Initials _____ Student Initials _____
14. I understand that I am solely responsible for ALL contents of my vehicle or the vehicle that I am driving when it is on school property. I agree and understand that lack of knowledge is not a reason or excuse for any unacceptable or illegal items to be in the vehicle. Parent Initials _____ Student Initials _____
15. I understand that if I withdraw from SRHS or if I am assigned to the Alternative Center for Education I immediately forfeit my parking permit with no refund. I will have to reapply for an available parking space, on a space available basis, if I return. Parent Initials _____ Student Initials _____
16. I agree to keep the music volume at a level that cannot be heard outside the car when the windows are up.
Parent Initials _____ Student Initials _____
17. I agree to only drive in authorized areas and will not drive over curbs or grassy areas. I understand violating this rule may result in the revocation of my parking permit with no refund.
Parent Initials _____ Student Initials _____
18. I agree to check the current Obligations List to make sure I do not have any outstanding debts. Failure to resolve outstanding obligations will result in the revocation of my parking permit with no refund.
Parent Initials _____ Student Initials _____
19. If two students desire to share a parking space, all rules listed apply to both students. Both individuals and vehicles must be properly registered, insured and all documentation, forms and signatures must be on file before a set of decals will be issued to the second vehicle. Parent Initials _____ Student Initials _____
20. I understand that if my vehicle is located at a fight on or off campus I may lose my parking privilege for 2 weeks.
Parent Initials _____ Student Initials _____

Initials indicate that you have **read, understand and agree** to the described rules and requirements.

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