



**SEBASTIAN RIVER HIGH SCHOOL**  
**2021-22 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 1<sup>st</sup>/2<sup>nd</sup> 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 4<sup>th</sup> 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 2<sup>nd</sup> offense. I understand upon the 3<sup>rd</sup> 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 1:53pm, whether I return or not, with another student in my vehicle my parking privilege will be revoked for 2 weeks. If a 2<sup>nd</sup> 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 \_\_\_\_\_
21. I understand that according to School Board Policy, My vehicle **may not have any hate symbols** visible. (Ex: Confederate Flags, Swastika, etc.)  
Parent Initials \_\_\_\_\_ Student Initials \_\_\_\_\_
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Initials and Signature below indicate that you have **read, understand, and agree** to the described rules and requirements.

**Space #** \_\_\_\_\_ *(For official use only)*

Student Name (Print) : \_\_\_\_\_

Student ID #: \_\_\_\_\_

Student Signature (Sign) : \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Name (Sign) : \_\_\_\_\_

**PLEASE NOTE:**

It is the student's responsibility to bring **\$40 (Cash or Check made payable to SRHS)** and a photocopy of the following documents for the school to keep on file:

- 1. Valid Driver's License** (photocopy)
- 2. Vehicle Registration** (photocopy)
- 3. Current Insurance Card** (photocopy)



**2021-22 SRHS Parking Permit Application**  
**(All information and signatures are required)**



**Space #** \_\_\_\_\_ *(For official use only)*

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone #: (     ) \_\_\_\_\_ - \_\_\_\_\_

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

Class: Senior \_\_\_\_\_ Junior \_\_\_\_\_ Sophomore \_\_\_\_\_ *(only issued after the 2<sup>nd</sup> full week of school on a space available basis after all Juniors are provided an opportunity)*

**Vehicle Information:**

Vehicle License Plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Name of person this vehicle is registered to: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Signature below indicates that you have read, initialed, and agree to ALL parking permit rules at SRHS:**

Parent/Guardian Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Cell Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_