

SAYRE HIGH SCHOOL STUDENT PARKING APPLICATION

Application form must be fully completed prior to submission. Drivers must provide all original documentation for inspection. Student parking privileges will be denied for failure to provide any of the required information and falsification of any information will permanently revoke future parking privileges.

Student Name: _____ Date: _____

Home Telephone Number: _____ Grade: _____

MAKE and **COLOR** of Vehicle to be used: _____

License Plate Number: _____

Name of Insurance Company: _____

You must provide, at the time of application, **YOUR OWN** photocopies of your **vehicle registration, driver's license and your vehicle's insurance card. The school will not make photocopies.** Permits may be revoked for poor attendance, inappropriate behavior or school traffic violations. Parking is a privilege not a right! A **\$5.00** (non-refundable) parking fee will be charged for student parking permits.

As the parent or legal guardian of this applicant, I give my permission for this driver to apply to the Sayre High School for a student parking permit.

(Parental/Guardian Signature) (Date)

I _____ agree this day, _____
(Driver/Student Signature) (Date)

to abide all motor vehicle and parking regulations of the Sayre School District and fully understand that privileges will be revoked as a result of, but not limited to, the above mentioned causes. I understand that this permit is not transferable to another driver or vehicle.

HIGH SCHOOL MAIN OFFICE USE ONLY

Valid Driver's License____ Valid Vehicle Registration____ Current Vehicle Insurance Card____

Permit Number _____ Paid_____