



Silverado High School



STUDENT PARKING PERMIT APPLICATION

Name: _____ Grade: _____ School Year: _____ Parking Permit # _____

Vehicle Description: #1. _____
 Color Make Model Year

#2. _____
 Color Make Model Year

Vehicle License Plate Number: #1. _____ #2. _____

Checklist (please initial line & sign below):

- _____ We have read and understand the student vehicle regulations on the attached sheet.
- _____ We understand that students parking on campus do so at their own risk. The school or district will not be held liable for damages or theft occurring on campus.
- _____ We understand that a parking permit does not guarantee a parking spot. Parking illegally (fire lanes, handicap spaces etc) may result in citation, fines, towing and/or disciplinary action.
- _____ We have attached a copy of the student's CA driver's license and current proof of insurance
- _____ We understand that if parking permit needs to be replaced there will be a \$10.00 fee.
- _____ We understand that if we break any of the following rules our campus parking privileges will be revoked and **NO REFUNDS** will be issued.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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FOR OFFICE USE ONLY

Permit # Issued _____ Replacement Permit # Issued _____

Parking Fee Collected (\$10.00) _____ Replacement Fee Collected (\$10.00) _____

- Copy of CA Driver's License
- Proof of Insurance. Expires: _____

ASB Bookkeeper