Senior Preferred Parking
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. _____

Checklists (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 we are only allowed to paint a 3x4 square below the already painted senior reserved label.
_____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: _____

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ASB Bookkeeper