



STUDENT PARKING LOT REGISTRATION FORM

Name _____ Grade _____ Birth date _____
Vehicle make, color & year _____
Car License plate # _____
Vehicle Registered to _____
Lot # _____

I must have a registered vehicle, which I drive daily.

I hereby agree to follow all the rules set out below or I will lose my student parking lot privilege.

I will lose my parking lot for a period of time if I break any of the following rules:

- parking tag is not visible;
- allow someone to use my parking tag;
- **must have a valid driver's license or school permit;**
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- my parking space is vacant for over three days without Mrs. McCarville's knowledge;
- illegally park (park in faculty, SOM lot or another student's space);
- have four tardies (per semester);
- receive a truancy (see explanation of truancy in your student handbook);
- speed;
- an attempt to misuse or misrepresent my parking lot.

Illegal parking is a half-day Saturday suspension.

I will turn in the parking tag at the end of the year. If I fail to do so, I will be charged a \$10.00 fine.

Student's Signature