

Parking Permit Request 2019-2020

You must have a copy of Driver's License, Registration, and Insurance.

Date Rcvd _____ Amount Paid _____ Recpt. # _____ Senior Lot or Howell Lot

Student Last Name: _____ First Name: _____ Student ID # _____

Grade: _____ Address: _____ City: _____ Zip: _____

Driver's License #: _____ Registered Owner (s) Name: _____

****PARKING PERMITS FOR THE YEAR \$50.00 ** PARKING PERMITS DURING THE SECOND SEMESTER ARE \$25.00**

<u>MAKE</u>	<u>MODEL</u>	<u>COLOR</u>	<u>TAG #</u>

Please see Mrs. Sittig in the front office to update your information if your vehicle changes at any time.

Students: By signing below, I understand that parking on HHS property is a privilege and I agree to abide by the following rules and understand that my parking tag may be revoked at any point during the school year without a refund:

I will adhere to a 10 MPH speed limit in the Bell/Howell parking lot.

I will maintain a 90% attendance at all times or forfeit my Parking Tag for no less than 2 weeks, no more than 30 days.

I will keep a 2.0 GPA at all times during the 2019-2020 school year.

I will park in the correct parking lot that I was assigned.

I will ensure that each passenger wears a seatbelt.

I will not leave campus without properly signing out with attendance and obtaining a leave permit.

I will not leave campus during lunch as the district does not allow lunch leave privileges.

Vehicles on campus are subject to search, law enforcement will be contacted if guns, weapons, alcohol or other inappropriate items are found in vehicle.

Parking Tickets and Costs:

No Parking Permit \$20.00

Parking in Wrong Parking Lot \$10.00

Visitor Parking \$20.00

Handicapped Parking \$250.00

Please bring all tickets to Ms. Legg in the front office.

Student Signature

Parent Signature

For Office Use Only

Prev. SY _____ Aug _____ Sep _____ Oct _____ Nov _____ Dec _____ Jan _____ Feb _____ Mar _____ Apr _____ May _____