

PERMIT SPACE # _____ Paid - Date received _____

REGISTRATION FOR PARKING PERMIT
NOKOMIS HIGH SCHOOL
(Licensed drivers only)

Student Name _____ Date of Birth _____

Address: _____

Home Phone # _____ Parent Cell # _____

Grade in School _____ Student Driver's License# _____

Insurance Company _____ Policy # _____

Primary Vehicle:

Make _____ Model _____ Color _____ Year _____

Registered to: _____ License Plate # _____

Secondary Vehicle:

Make _____ Model _____ Color _____ Year _____

Registered to: _____ License Plate # _____

I understand that the issuance and continued use of this parking permit is contingent on obeying all rules, regulations, and guidelines as presented within the "Parking Privileges" section of the Nokomis Jr./Sr. High School Student Guidelines Handbook. The permit applies only to vehicle/s for which it is issued and may be revoked with forfeiture of fee at any time if in violation of stated guidelines. I am aware of the District Search Policy as stated within the Student Guidelines Handbook and that by parking in school controlled parking lots I give consent to the complete search of the vehicle/s, its compartments, and contents by school officials and/or law enforcement personnel using specially trained dogs. This applies to all vehicles, 24 hours a day.

Signature of Student _____ Date _____

Signature of Parent or Guardian _____ Date _____