



**Parking Permit Form  
Jim Thorpe Area School District  
Jim Thorpe, PA**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ First Period: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

I hereby give my consent for \_\_\_\_\_ to drive to school.  
(Student's Name)

I certify that sufficient insurance coverage is in effect to meet the minimum standard for the Commonwealth of Pennsylvania. It is understood that if \_\_\_\_\_ fails to  
(Student's Name)

operate the vehicle in a safe and cautious manner on and in the vicinity of school property, or violates any school policy relating to traffic or parking lot procedures, this privilege will be revoked. Use of the student parking lot may subject the student's vehicle to search. This will occur only if there is a reasonable suspicion that contents in the vehicle constitute a threat to health, safety or welfare of the student(s) and/or occupants of the school grounds.

**Student must provide a copy of valid insurance and Driver License with this form.**

Each student will be issued a parking tag upon the completion of this contract. In the event of a lost tag, a second will be issued for a \$5.00 fee. Parking tags **must be displayed** on the car's rear view mirror.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature

Date Issued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Permit # \_\_\_\_\_