

Grand Valley Local Schools

STUDENT PARKING RESPONSIBILITIES GRAND VALLEY HIGH SCHOOL

You have been given permission to drive to school and to park on school property during school hours. When you receive this permission you are accepting the following responsibilities:

1. Student drivers must park their vehicles in the south parking lot and display an authorized parking decal.
2. Student drivers must maintain appropriate liability insurance on the vehicles.
3. Student drivers must operate their vehicle in a safe manner on and around school property.
4. Student drivers must not transport other students unless prior permission has been obtained from the high school principal and parents.

Failure to accept the above responsibilities will result in the student parking privilege being revoked.



Mr. Doug Hitchcock
GV High School Principal

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Grand Valley Board of Education
111 Grand Valley Avenue West
Suite A
Orwell, Ohio 44076
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PLEASE READ THE FOLLOWING DRIVER RESPONSIBILITIES:

1. I will observe safe driving speed on school grounds at all times (5 MPH).
2. I will park my vehicle in the designated student parking area during regular school hours.
3. I will assume full responsibility for the vehicle, it's accessories, and contents at all times while it is on school premises.
4. I have liability insurance to protect any property or bodily injury which may be caused by me.
5. I will obtain permission from the high school principal or his designee to move or enter my vehicle during regular school hours.
6. I understand that permission to drive to school is a privilege, and that failure to comply with the above regulations will result in suspension of this privilege and/or removal of my vehicle at my expense if necessary. Also, I am aware that the accumulation of 5 tardies to school will result in suspension of my driving privilege.

I have read the above regulations and agree to them as set forth:

Student's Signature _____ Date _____

I confirm that my son/daughter fulfills and must comply with the above responsibilities:

Parent/Guardian Signature _____ Date _____

Vehicle Make _____ Model _____

Year _____ Color _____

License Plate Number _____

Name of Insurance Company _____

Will you be driving to school every day? _____ Yes _____ No

If not, which days? .M T W R F

Approved _____ Date _____

Parking Permit # _____