

WASHS PARKING PERMIT APPLICATION

2023-2024

Name _____ Grade _____

Phone Number _____

Extra-curricular Activities (if any) _____

Make / Model of Vehicle _____

Color of Vehicle _____ License Plate Number _____

Driver's License Number _____ State _____

Insurance Company Name _____

Policy Number _____ Expiration Date _____

I agree that I will follow all school rules and obligations. I will park in my assigned space and display the assigned parking permit. I will not give my parking permit to another student. **I will follow all driving and parking rules when parking on WASHS property or on designated WASHS street parking. Once my vehicle is parked, I will exit the vehicle and immediately enter the building or student-designated area.** I understand that violations of school rules and regulations as well as unexcused absences and tardies will result in the possible loss of my parking privileges on school property, in addition to fines, towing, and other disciplinary consequences.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

This form must be signed and understood by student and parent/guardian.

FOR OFFICE USE ONLY

Check-off List:

____ Valid Driver's License/Permit

____ Cumulative grade average 75% or higher

____ Valid Registration

____ Less than 4 unexcused abs (22-23)

____ Valid Insurance

____ 2 or less OSS and/or ISS (22-23)

____ Junior Physical form on file

Approved by: _____ Date: _____

Parking Permit Number: _____ Paid: _____ 2 Semesters (\$25) or _____ 1 Semester (\$12.50)