

STUDENT RESERVED PARKING APPLICATION

2018

SEHS Parking Permit #: _____

2019

NAME: _____
Last First

VALID OREGON DRIVERS LICENSE #: _____

MAKE: _____ MODEL: _____

COLOR: _____ LICENSE PLATE #: _____

MAKE: _____ MODEL: _____

COLOR: _____ LICENSE PLATE #: _____

I UNDERSTAND THAT:

- STUDENT PARKING IS **NOT ALLOWED** IN THE BACK STAFF LOT DURING SCHOOL HOURS OR IN THE FRONT VISITORS LOT.
- MY PARKING PERMIT MUST BE VISIBLE AT ALL TIMES WHEN PARKED IN THE SEHS PARKING LOT.
- I WILL ONLY PARK IN THE WEST OR EAST LOT.
- I UNDERSTAND THAT I MAY NOT PARK IN SPOTS DESIGNATED AS STAFF, VISITORS OR YMCA PARKING.
- I WILL OBEY ALL LAWS AND THE POSTED SPEED LIMIT OF 5 MPH IN THE PARKING LOT.
- I HAVE READ AND AGREE TO THE ABOVE EXPECTATIONS AND UNDERSTAND THAT THE ADMINISTRATION MAY INVOKE ANY OF THE FOLLOWING CONSEQUENCES WITHOUT FURTHER WARNING: VIOLATION STICKER, TICKET, BOOTING, TOWING, AND/OR REVOCATION OF PARKING SPOT WITHOUT REFUND

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

Turn Completed form in at Finance Office This Form is NOT a parking permit