

**Portage Area Jr./Sr. High School  
PARKING PERMIT APPLICATION**

**PERMIT #** \_\_\_\_\_

School Year: 2012-13

Date of Application: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

My Child has permission to drive a car, cycle, etc. to school for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Initial**

**Parent Initial**

**Rules that Govern Student Vehicles**

\_\_\_\_\_

\_\_\_\_\_

I understand that if a traffic violation is committed on school property or a violation of school rules occurs, this parking permit may be revoked.

-----

-----

I understand that if the vehicle is deemed unsafe or is leaking fluids this parking pass may be revoked.

\_\_\_\_\_

\_\_\_\_\_

I understand that any vehicle permitted to park on school property is subject to inspection / search if reasonable suspicion exists that dangerous or illegal items may have been brought onto school property.

\_\_\_\_\_

\_\_\_\_\_

I understand that student vehicles must be parked in the designated area.

\_\_\_\_\_

\_\_\_\_\_

I understand that the school speed limit is 15 M.P.H.

\_\_\_\_\_

\_\_\_\_\_

I understand that the vehicle driven to school must be inspected, registered, and insured as required by PENN DOT.

\_\_\_\_\_

\_\_\_\_\_

I understand that students are not permitted to their vehicle during the school day without permission from the senior high office.

\_\_\_\_\_

\_\_\_\_\_

I understand that vehicles may not be left on school property overnight without the senior high office permission.

\_\_\_\_\_

\_\_\_\_\_

I understand that the Portage Area S.D. will not be responsible for vehicles or items that are in the vehicles that are lost, stolen, or damaged while being driven to/from school or parked on school property.

**Vehicle Make & Model:** \_\_\_\_\_

**Vehicle Color:** \_\_\_\_\_

**License Plate #:** \_\_\_\_\_

Student Driver's Name: \_\_\_\_\_

The above student driver will transport the following students to & from school: (Parent of passenger must sign and date this section.)

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understood all items on this student driving application and agree to abide by these guidelines. I understand that this driving permit may be revoked if any of the previous provisions are not followed.

Student Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DRIVE CAREFULLY & ALWAYS WEAR YOUR SEAT BELT**