



Student Parking Permit Application

Please print all information accurately and legibly to receive a parking permit

Last Name: _____ First Name: _____

Driver License#: _____

Date of Birth: _____ Grade: _____

Home Address: _____

Home Address: _____

Parent/Guardian Name: _____ phone # _____

Parent/Guardian Name: _____ phone # _____

Cars (List by Priority)

1. Plate: _____ Color: _____ Make: _____ Model: _____ Year: _____

2. Plate: _____ Color: _____ Make: _____ Model: _____ Year: _____

Please provide a photocopy of both your NYS Driver's License and Vehicle Registration for each vehicle listed above. Place copies on an 8-1/2" x 11" single sheet of paper.

A parking permit is necessary to drive or park on our campus during school hours. Please read the following information carefully. The following specifically outlines expectations for student drivers to maintain good standing.

As a student who holds a driving/parking permit, on our campus, I acknowledge that driving to school and parking on our school grounds is a privilege which can be revoked. In submitting this application for my parking permit, I **agree to the following:**

- Refrain from all forms of reckless driving: excessive speed, carrying students on hood, roof, or trunk of vehicle. **Any reckless act will be reviewed by administration and security and may result in immediate loss of parking and driving privileges on our campus. Law enforcement may also be called.**
- Not use my cell phone while driving.
- Obey all traffic signs on our campus.

- Not allow any other student to drive my vehicle.
- Arrive on time to school/class.
- Leave school only with permission during the school day.
- I will not drive other students to WEMOCO unless I have the approved form from WEMOCO.
- Park only in designated student areas on the west side of the building, near the cafeteria. No parking in faculty lots until after 3:00 p.m.
- Follow campus speed limit of 15 mph.
- Correctly display the parking sticker from the rear-view mirror so the permit number is visible.
- Report all accidents to your building Administration and/or Security.
- Do not go to vehicle between any class or during lunch without permission from administrator.

Any Violation of the above student driving/parking expectations or the Brockport Central school District Code of Conduct will result in the Following:

1st Offense: Possible loss of parking privilege on campus for a minimum of 2 weeks.

2nd Offense: Possible loss of parking privilege on campus for a minimum of 1 month.

3rd Offense: Possible loss of parking privilege for entire school year.

Any violation of this contract may result in suspension of driving privileges at the discretion of High School Administration or the Director of Security. I acknowledge and understand that given reasonable cause, school authorities may search my car with an administrator, and/or police with me present. Failure to comply with the above may result in additional consequences consistent with the Code of Conduct. If towing is necessary, it will be at the owner's expense.

We have read the completed application process and agree to abide by all rules and expectations. We also understand that if the parking privilege is granted, abuse of the parking privilege **WILL** result in removal of the permit and/ or towing of your car at the owner's expense.

By signing below, I am also certifying that I viewed the Brockport High School Driver Safety Video and passed the quiz.

Student Name (Print): _____ School year _____

Signature of Student: _____ Date: _____

Parent's Name (Please Print): _____

Signature of Parent/Guardian: _____ Date: _____

Permit Number: _____ **Driving session viewed:** _____

Date permit processed: _____ **Processed By:** _____ **Paid:** _____ **cash/check**

PLEASE KEEP THIS COPY FOR YOUR RECORDS

PARKING REGULATIONS

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Any violation of this contract may result in suspension of driving privileges at the discretion of the High School Administration or the Director of Security. I acknowledge and understand that given reasonable cause, school authorities may search my car with an administrator, and/or police and with me present.

Parking on our school grounds without permission and/or failure to comply with any of the above will result in loss of parking privilege and/or any additional measures as determined by the circumstances (TOWING AT THE OWNER'S EXPENSE).

Permit Number: _____ **Driving session viewed:** _____

Date permit processed: _____ **Processed By:** _____ **Paid:** _____ **cash/check**