

PARKING PERMIT NO. _____ LAST NAME _____ DATE ISSUED _____

GREAT OAKS INSTITUTE OF TECHNOLOGY AND CAREER DEVELOPMENT

PARKING PERMIT

Name _____ Program _____ Grade _____
(Last) (First)

Address _____ Phone Number _____

Car Make _____ Model _____ Year _____ Color _____ License Plate _____

PARKING PERMIT RULES

1. I will observe the speed limit of the school.
2. I will park in the assigned areas only.
3. I will not enter or use my car during the school day, except when administrative approval is given.
4. I will remain in the parking area until all school buses have left the campus at the end of the school day.
5. I will maintain a good attendance record, particularly avoid being tardy.
6. I will drive in a courteous and a safe manner at all times.

I understand that driving to school is a privilege and the driver is responsible for passengers' behavior and the rules listed above. Failure to comply may result in revoking this privilege as well as other consequences listed in the student code of conduct.

Student Signature

I have read and understand the above and verify that my son/daughter has permission to drive to school and that their vehicle is insured.

Parent/Guardian Signature