

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

PERMIT # _____

School Year: _____

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 assigned parking space .
_____	_____	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 form 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