

Albany Area Schools ISD 745

A Community of Successful Learners

STUDENT DRIVING AND PARKING PERMIT APPLICATION



*A fee of \$5.00 is payable when picking up the parking permit

*Checks should be made payable to Albany High School

Permit Holder Information:

Date _____

Permit holder's name _____ Grade _____

Address _____

Parents'/Guardians' name _____

Vehicle #1 Make/Model _____

License Plate # _____

Vehicle #2 Make/Model _____

License Plate # _____

NAMES OF SIBLINGS WHO MAY BE DRIVING THESE VEHICLES

Name: _____

Name: _____

STUDENT PARKING AGREEMENT

*I understand I must have my parking permit displayed at all times during school hours.
(8:00AM - 3:15PM)

*I understand if I leave school without permission of a school official, drive carelessly, allow unauthorized use of my vehicle or do not pay fines in a timely manner I may lose my permit to park on school property.

*I understand that my car may be ticketed or I may be subject to discipline if I park without a permit, in a reserved areas including visitor and handicapped parking, obstruct traffic, or have repeated violations.

I, the undersigned student of this school district, do hereby request permission to park a motor vehicle in a designated student parking area. I understand that this is a privilege and that the interior of the motor vehicle, including but not limited to, glove and trunk compartment is subject to search upon reasonable suspicion by school officials without my consent, without a search warrant, and with no notice to me. I understand that if I refuse a request by a school official to open a locked motor vehicle under my control or its compartments, my parking privileges may be withdrawn and I may be subject to discipline. Finally, I acknowledge receipt of the school district's motor vehicle policy.

Student signature _____ date _____

Parent/Guardian signature _____ date _____

OFFICE USE ONLY		
PERMIT NUMBER: _____	PAID: _____	CASH/CHECK # _____
COMMENTS:		