

Parent/Guardian Signature_

CROWN POINT HIGH SCHOOL

Driving/Parking Permit Application

Permit #	
RDT	
License	
Vehicle Registration	

			Grade	
	(Last)	(First)	(M.I.)	
Address				
	(Street No.)	(City)	(Zip)	
Parent/Guardian Na	ame			
Address			-	
(Street	No.) (Cit	ry)	(Zip)	
Home Phone #		_ Parent's Cellphone # _		
Student's Drivers L	icense #	Student's Cellpho	one #	
Vehicle #1 License	Plate	_		
Make	Model	Color	Year	
Vehicle #2 License	Plate	_		
Make	Model	Color	YearYear	
	Student	Driver Policy		
and a parent/guardian m	their license, vehicle registration and this compust accept the Random Drug Test authorization rk only in their assigned lot. Signs are posted a played on the rearview mirror facing the front of loiter, congregate or sit in their cars during the shoot for the remainder of the day.	n in their RDS accounts. and color coded. the car at all times on school	ol property. ed to drive their cars once they arrive at sch	
ng permits MUST be dis ents are not permitted to for an appointment or so oper parking in faculty, vi	sitor and handicapped parking spaces will be mes will be subject to additional fines and/or the v			
ng permits MUST be dis ents are not permitted to for an appointment or so oper parking in faculty, vi ed a fine. Repeat offense	sitor and handicapped parking spaces will be m	ehicle will be TOWED AWAY		

EXCESSIVE TARDINESS, TRUANCY, SKIPPING CLASS AND OTHER INFRACTIONS ARE GROUNDS FOR REVOKING A STUDENT'S DRIVING/PARKING

Date_

PRIVILEGE. THIS WILL REQUIRE THE STUDENT TO RIDE THE SCHOOL BUS OR TO ARRANGE ALTERNATE TRANSPORTATION.