



# Student Parking Application

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

Make/Model of Vehicle #1: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Make/Model of Vehicle #2: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Make/Model of Vehicle #3: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**Students, please initial each contract item.**

- \_\_\_\_\_ I understand that my driver's license and proof of insurance must be within good standing in the State of Washington.
- \_\_\_\_\_ I understand that any disciplinary actions with the school may place my driving privilege in jeopardy.
- \_\_\_\_\_ I will park only in my designated parking space.
- \_\_\_\_\_ I will not leave campus during the school day except with special permission for appointments or school-related functions and only after I have checked out at the main office.
- \_\_\_\_\_ I understand that I may not carry other students as passengers in my vehicle except with express *written* permission from both my parents and the parents of the student passenger.
- \_\_\_\_\_ I agree to comply with the traffic control signs and barriers.
- \_\_\_\_\_ I will not use my vehicle in any unsafe, reckless manner.

I have read, understand, and agree to these regulations.

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**Signature of Student** **Date**

As parent or legal guardian of \_\_\_\_\_, he/she has my permission to drive to school.

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**Signature of Parent/Guardian** **Date**

Items 1 – 3 must be uploaded to the health portal. Do *not* drop off or send to school.

1. A copy of the student's driver's license
2. A copy of current proof of insurance
3. This completed and signed application

Item 4 is paid separately online.

4. \$60.00 student parking fee \*

<b>For office use only:</b>
Rec'd: _____
Rec'd: _____
Rec'd: _____
Paid: _____

School administration will review the complete parking application after all four (4) items have been received and will notify student of his/her allocated parking lot and space.

Questions? Please contact Lenore Leckvold, Upper School Office Coordinator, [lleckvold@tbc.org](mailto:lleckvold@tbc.org)

\* Student parking costs \$60 per assigned parking spot. If you have more than one student-driver in your family who will share a parking spot, pay the fee for one child, but upload applications and documentation for all student-drivers and car(s) to the health portal.