

STUDENT PARKING PERMIT REQUEST

I, the undersigned student of School District 482 Little Falls Community Schools, do by 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 compartments, 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by a school official to open a locked motor vehicle under my control or its compartments, my parking privileges may be withdrawn and I may be subject to discipline.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: _____ Grade: _____

Parent Signature: _____ Date: _____