

# STUDENT PARKING REQUEST

Print all Information

Student's Name \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_

Shop \_\_\_\_\_ Grade \_\_\_\_\_

(Student's name) \_\_\_\_\_ herewith makes application for permission to park his/her motor vehicle in the Greater Lawrence Technical School parking lot and use his/her motor vehicle daily for transportation to the Greater Lawrence Technical High School.

## RULES & REGULATIONS

1. Permits will be issued only to MA Licensed drivers with MA registered vehicles.
2. Students must drop off all passengers in the designated drop-off areas only.
3. Students must not leave the school grounds during school hours in their vehicle, without written permission from authorized school personnel.
4. Students must use properly designated entrance and exit routes.
5. Students must use designated student parking areas.
6. Students must obey school personnel directing or monitoring traffic.
7. Upon entering the school premises students must park, lock and immediately exit the parking lot area.
8. Students are prohibited from returning to their vehicle during school hours for any reason without written permission from authorized school personnel.
9. All vehicles parked on school grounds are subject to search in accordance with State and Federal Law.
10. Students must obey the 10 mph speed limit while on school grounds.
11. School buses shall have the right of way at all times and students are not to interfere with this right of way.
12. Any violation of any of these motor vehicle safety and use regulations will constitute major infractions of the School's Disciplinary Code.

**I HAVE READ AND UNDERSTAND THE ABOVE RULES AND REGULATIONS AND UNDERSTAND THE RESPONSIBILITIES THAT ARE INVOLVED IN OBTAINING THIS PARKING PERMIT.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PRINT STUDENT'S NAME \_\_\_\_\_

**Automobile Registration Information**

Plate Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_

Owner of Vehicle \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

**Driver's License Information**

Name of Driver \_\_\_\_\_

Street Address \_\_\_\_\_

City & State \_\_\_\_\_

Telephone Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Sticker Number \_\_\_\_\_ Fee Paid \_\_\_\_\_