**BANGOR AREA SCHOOL DISTRICT**
**POLICE DEPARTMENT**

## Parking Permit Application 2025-2026
## SEARCH AND SEIZURE WAIVER

**Parent Signature Page: Please print this form, sign and return. This form must be completed and turned in when a student picks up their parking pass.**

**Please understand that refusal to sign the waiver will result in a denial of parking privileges for the entire school year.**

I authorize my child's vehicle to be searched any time there is reasonable suspicion or probable cause.

FATHER/GUARDIAN Signature: _____ Date: _____

MOTHER/GUARDIAN Signature: _____ Date: _____

I authorize my vehicle to be searched any time there is reasonable suspicion or probable cause.

Registered Vehicle **Owners** Signature: _____ Date: _____

* If a student will be driving more than one vehicle, they will need an application and waiver for every vehicle as well as displaying the parking permit in whichever vehicle they are driving.

_____ * OFFICE USE * _____

Parking Space #_____ Last Name: _____

**$10 Fee:**
**Paid** Cash _____ Check #_____ Received by: _____

_____ * OFFICE USE * _____