Bellingham Public Schools
Parking Pass Request Form

Name: _____

Grade _____ **School Year:** _____

Vehicle Information:

1. **Make/Model:** _____
   Color: _____
   License Plate Number: _____

2. **Make/Model:** _____
   Color: _____
   License Plate Number: _____

Parking Pass Guidelines:

- **Parking passes are free to all staff and students.**
- **Parking passes are required for all staff and students parking at the school. Permits cannot be transferred to other drivers. Notify the ASB Office when permanently changing vehicles.**
- **Park in a legal parking space only. Avoid fire lanes, ADA handicap spots, visitor spaces, etc.**
- **Drive in a safe and cautious manner, following speed limits and rules of the road—such as yielding and using the correct one-way lanes.**
- **Please do not leave valuables in your vehicle.**
- **The parking pass should be visible, hanging on the mirror or in the front windshield. If you forget your pass, check in at the main office and provide vehicle information.**
- **Violation of these rules may result in loss of parking privileges or school discipline.**

Agreement:

☐ **I have read and understand the information above.**

Signature: _____ **Date:** _____

For Office Use Only:

Driver's License Verified by: _____
Parking Permit Number: _____