



Community, Excellence, Character

Parking Permit Application 2026-2027

Student Information:

Last Name: _____ First Name: _____

Address: _____

Homeroom: _____ Homeroom Teacher: _____

Vehicle Information:

Vehicle #1 License Plate: _____ Make/Model/Color: _____

Vehicle #2 License Plate: _____ Make/Model/Color: _____

Insurance Company: _____ Policy Number: _____

Agent Name: _____ Agent Telephone: _____

By signing below, Parents/Guardians and Students acknowledge that they have read and understand the Carlynton Junior-Senior High School Student Parking Pass Rules & Regulations.

- Parking is a privilege and not a right.
- I will be assigned a **specific numerical parking space** and may park **only in that assigned space**.
- I may not park in another student's assigned space.
- I am expected to arrive at school on time and excessive tardiness may result in loss of my parking privilege.
- **I may not leave school early for Parkway West Career and Technology Center. If I am leaving school property for an early dismissal, my parents/guardian must send in a note ahead of time.**
- I must follow all school rules, attendance expectations, and administrative directives.
- My vehicle is subject to the Carlynton School District's school search policy.
- My parking privilege may be suspended or revoked at any time by the building principal or designee.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

I give permission for my student driver to drive the following siblings: _____

Office Use Only:

Driver License Number: _____ State: _____

Expiration Date: _____

Permit Number: _____ Assigned Parking Space Number: _____

Principal Signature: _____