

SHAKOPEE HIGH SCHOOL
STUDENT DRIVING AND PARKING PERMIT

Please Return with Payment

NAME _____ GRADE _____ DATE _____
STUDENT ID # _____

STUDENT PARKING

I have read the rules and regulations. I understand that I may have my permit confiscated if I leave school without permission of a school official, drive carelessly, drive over the speed limit, park in the faculty lot, allow unauthorized use of my vehicle, or do not pay fines in a timely manner. I understand that my car may be immobilized or towed at my expense if I park without a permit, in an unauthorized space, obstructs traffic or after repeated violations. I agree to abide by all rules and regulations outlined in the document accompanying this agreement form.

Vehicle Information:

Make _____ *Model* _____ *Color* _____ *License Plate #* _____

Student Signature: _____

Parent/Guardian Signature: _____

Make checks payable to: **Shakopee High School**

OFFICE USE ONLY

PERMIT # _____ Date Paid _____ Check Number _____ Cash _____

Parking passes will not be issued if this form is not complete.