SPARROWS POINT HIGH SCHOOL

# STUDENT PARKING REGISTRATION

2019-2020

Driver’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tag Number\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number (Soundex)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle’s Make\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle’s Registered Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner’s Phone\_\_\_\_\_\_\_\_\_\_\_

*To be completed by the* ***school*** *upon receipt.*

1. **Grade for 2019-20** (circle): *11th  12th*
2. For the 2019-20 school year, **student is enrolled in** (circle all that apply) Verify before circling.

 *Work-Based Learning CCBC Early College Access Program Early Release*

1. Student has **Outstanding Obligations** (circle): *yes no*
2. Student is listed as a “walker” (circle):  *yes no*

# STUDENT PARKING CONTRACT

* Upon receipt of a Student Parking Permit, I agree to display the hang tag in the front of my car on the rear view mirror.
* I agree that this permit cannot be transferred to another.
* I agree to obey the laws regarding driving and parking in the state of Maryland and Baltimore County.
* When school is in session, I will park only in the assigned parking location as communicated in the lottery results notification.
* I will drive carefully on school grounds and park between the lines.
* I will not park on the firehouse lawn, or the school lawn.
* I will not return to my vehicle or be in the parking lot after I arrive for school.
* I understand that all school parking lots will be policed by the School Resource Officer.
* I understand that my parking permit will be invalidated if I do not adhere to these agreements and pledges.
* I understand that my parking permit will be invalidated if I am found guilty of being excessively late, truant or for leaving school grounds without permission during the school day. Students who are late to school 5 times in 1 marking period or 10 times total in the school year will have their permits revoked.
* I understand that my parking permit will be invalidated if I fail to comply with the rules/policies found in the student handbook.
* I understand that it is my responsibility to notify my Administrator if any of the information I provided regarding my driver’s license or vehicle changes.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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