Shasta High School Parking Contract

STUDENT NAME (print CLEARLY) _____**STUDENT ID#** _____

Parking on the campus of Shasta High School is a privilege. All students are expected to drive and park courteously and safely. The following parking regulations are in addition to the District's parking requirements.

**Students: Read and initial items 1-9. Sign the bottom.
**Parents: Read & Sign the bottom AFTER your student has initialed and signed.

1. _____   All vehicles parked at SHS shall have a valid parking permit displayed DAILY from the rear view mirror or on the dashboard (in plain sight) **with the number clearly visible**.
2. _____   I will drive in a safe & courteous manner at all times. I will obey all state & local laws regarding driving and parking, including the road closure on Wolf Way.
3. _____   I will park only in designated spaces in the colored parking lot for which my permit is valid. If I parking in a different colored lot than what my permit is for, I am subject to a parking citation.
4. _____   I will receive a parking citation of $10.00 for each parking violation, which will be put on my Student Fees account. Excessive citations will result in a referral to an Administrator.
5. _____   I understand that if my permit is lost or stolen, it must be re-purchased at full price.

6. _____   I understand that the parking permit issued to me is the property of SHS, and may be revoked at any time by the Administration without a refund, due to breaking the parking contract.
7. _____   There will be no refunds on parking permits after November 1, 2021 for any reason.
8 . _____   Students who check out of Shasta High School will need to turn in their parking permit to the ASB Financial Office located in the Student Store.
9. _____   At **NO** time are parking permits to be transferred or loaned to another student.

_____   **INFO BELOW MUST BE COMPLETED TO PICK UP PERMIT**_____

==*******You must bring in a copy of your car Registration, Insurance, and your Driver's License on a separate sheet of paper. This copy will be kept on file in our Main Office.*******==

(Please print legibly)

DRIVERS LICENSE #_____   LICENSE PLATE #_____

MAKE OF VEHICLE_____MODEL OF VEHICLE_____

YEAR_____COLOR_____

AUTO INSURANCE COMPANY_____

I verify that all information supplied is valid & true. I have read and understand the parking requirements and consequences (#1 – 9) for parking at SHS. <u>Any</u> car that is in violation of the above regulations will be cited and/or parking privileges revoked along with any combination of discipline.

_____ Date ____/____/_____
Student Signature
 _____ Date ____/____/_____
Parent Signature
++

Office use only:

   Lot =   Blue   Green   Orange   Purple   Red   Parking Permit # _____