



# Community High School

## Parking Form & Policy Acknowledgement

### Student Information

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Driver License # \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

### Vehicle Information

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
License Plate      Year      Make      Model      Style      Color

*Example: (ABC 123 / 2018 / Ford / F150 / Pickup 2D 4D or SUV / White)*

I have read and agree to abide by the Community High School Parking Policy. I acknowledge that the information above is accurate and correct. I understand that violations of the Parking Policy may result in disciplinary action and/or suspension of parking privileges. Violations of local or state laws or regulations may result in criminal enforcement action. I further understand that my parking permit must be clearly visible from the front windshield while parked on CISD property.

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### For Office Use Only

Insurance Verified       Copy of Driver License       Fee Paid

Issuing Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_ Parking Permit # \_\_\_\_\_