

Permit # \_\_\_\_\_  
Date Issued: \_\_\_\_\_

**CENTRAL HIGH SCHOOL  
2014-2015 PARKING PERMIT APPLICATION**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

SOC. SECURITY # \_\_\_\_\_

TENNESSEE DRIVER'S LICENSE # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PARENT NAME \_\_\_\_\_

PARENT DAY PHONE \_\_\_\_\_

INSURANCE COMPANY NAME & POLICY # \_\_\_\_\_

LIST ALL VEHICLES			
YEAR	MAKE & MODEL	COLOR	LICENSE PLATE NO.

Parent Parking Agreement: I give my son/daughter permission to drive to Central High School and park in the designated areas on campus. I understand that he/she must follow the rules and regulations for student drivers or receive consequences for not doing so. I understand that these consequences may include loss of parking privileges, towing of the vehicle without warning, In School Suspension, and/or Out of School Suspension. **If student license is revoked by DMV, CHS will revoke parking privileges without refund, but will be reissue when license is reinstated. Driving privileges are subject to academic progress, discipline issues, attendance/punctuality and safety to be determined by administrative staff at our discretion.**

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

Illness Agreement: I give my son/daughter permission to drive home from school during school hours if he/she becomes ill and is well enough to drive home safely. I understand that I (or someone designated on his/her emergency card) will be contacted before my child is permitted to leave.

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

Student Parking Agreement: (This agreement *must* be signed at the time the permit is purchased *and* in the presence of an administrator or designee. Students applying for permits are expected to know and be able to discuss the guidelines and rules pertaining to driving and parking on campus, and the consequences for violation of these regulations.)

I have read and understand the rules and regulations regarding traffic and parking on the Central High School campus. I agree to follow these guidelines and understand the consequences concerning violations of rules and regulations. **Driving privileges are subject to academic progress, discipline issues, attendance/punctuality and safety to be determined by administrative staff at our discretion.**

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

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_