



PERMIT #: \_\_\_\_\_

## SUMMERVILLE UNION HIGH SCHOOL PARKING PERMIT APPLICATION 2024-2025

*Please return this completed form to the school office*

To help secure a safe environment at Summerville High School, all student drivers must obtain a Summerville High School parking permit to park anywhere on campus. *The fee for the parking permit is \$10.00 for this school year.*

1. The student must possess a valid California driver's license.
2. The student and vehicle must be covered by insurance that meets California law for financial responsibility. 3. The student and his/her parents or guardians must assume liability for damage to school property.
4. The school cannot be responsible for damage or loss to any vehicle brought to school.
5. The student must park in the prescribed parking area in the spaces designated for students.
6. Vehicles are to be parked and not used during the school day, except when prior approval has been granted by a parent or guardian and the school.
7. Vehicles may not be used to transport other students off campus without authorization from the school (i.e. checkout slip or off-campus pass).
8. Parking permits must be displayed as described by the school.
9. A student driver must abide by the California motor vehicle code and Summerville High School parking regulations.
10. Students are accountable for the entire contents of any vehicle they bring on campus and are subject to search if warranted.

This policy has been implemented to help maintain the safety of our students and staff. Thank you for your cooperation.

I authorize (printed student name): \_\_\_\_\_ to drive to school based upon adherence to the regulations printed above.

\_\_\_\_\_  
Signature of legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to student

I agree to abide by the regulations set up for Summerville High School students who drive a motor vehicle to school.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's License Number

Current Registration: \_\_\_\_\_ (month/year) Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Please provide a description of your vehicle(s)

Vehicle #1

Vehicle #2

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

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

Make \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Model \_\_\_\_\_