

Student Last Name:	 First Name:	

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

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

I wish to park the vehicles(s) listed on the reverse of this page in the Springbank Community High School Parking Lot. I am applying for a parking privilege, and understand the conditions of this privilege to be:

- 1. I will park only in my designated spot. I understand that my car may be towed if I am not in my assigned numbered spot. I will display my parking pass in my vehicle while it is in the SCHS Parking Lot.
- 2. If I am unable to park in my designated spot I will park at the soccer fields and inform the office immediately.
- 3. No parking in spaces reserved for Park for All Seasons, Visitors, or Staff.
- 4. SCHS / Rocky View Schools takes no responsibility for any vehicle damage incurred while in the parking lot.
- 5. A student operating a vehicle in such a way as to pose danger to other students or school property will have their parking privileges suspended or revoked. Parking privileges may be revoked at the discretion of SCHS Admin.
- 6. No smoking or vaping in the parking lot area.
- 7. I agree to pay \$10.00 as assessed via School Cash for my parking pass. I will return the pass at the end of the school year.

I would like to reserve the parking space number below for the 2022/23 school year (order of preference):

1	2	 
Student Signature:		 Date:
Parent Signature:		 Date:

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Type (circle one) Ca	r Truck	SUV	Other	
Make (Dodge, Honda etc)Model (Ram, Civic, etc):				
Colour			_ License Plate:	
<u>Vehicle 2</u>				
Type (circle one) Ca	r Truck	SUV	Other	
Make (Dodge, Honda	etc)		_Model (Ram, Civic, etc):	
Colour License Plate:				
<u>Vehicle 3</u>				
Type (circle one) Ca	r Truck	SUV	Other	
Make (Dodge, Honda etc)Model (Ram, Civic, etc):				
Colour License Plate:				