

- Applications must be returned by 3:30 p.m. on or before February 21, 2019
  - Your \$10.00 parking permit fee is **due** when your permit has been **approved**
  - Approval list will be posted outside the main office by Thursday, February 21, 2019
- \_\_\_\_\_ Spring Program (Effective 3/4/2019-6/5/2019)

## Indiana Area Senior High School

### Application for Student Permit for Extended Parking (Spring Program Only)

**\*\**(Please print legibly with blue or black ink. Applications that are incomplete or illegible will not be processed. You will need to reapply for each program)\*\** It must be filled out completely.**

#### **Action of Application (to be completed by school office)**

Date application received in school office: \_\_\_\_\_

Permit Approved:    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Date Permit Received: \_\_\_\_\_

Permit Number:       \_\_\_\_\_

I acknowledge that I have received a parking permit and a parking information sheet. I have reviewed the information, and I will follow all of the rules related to student parking.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Approval: \_\_\_\_\_ Date: \_\_\_\_\_

#### Section I: **Identifying Information** (to be completed & turned in by student)

**Due to Misrepresentations & Falsehoods** we now **require** a copy of your Driver's License and a copy of your car(s) registration to prove **family** ownership.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Valid PA Driver's License Number: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

\_\_\_\_\_ (W) \_\_\_\_\_

**Reason for request:** (Check category: to be completed by student) If more than one category applies, check each category.

- Extracurricular activity
- Medical permit  
(Copy of physician's medical excuse attached)
- IUP class participation  
Course Name and Dept.: \_\_\_\_\_
- Internship/Cooperative work experience (arranged by ICTC)
- After school work with starting times before 3:45 p.m., as validated by employer.
- Senior Seminar

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Section II: **Verifying Information for extracurricular activity or after-school work**

For extracurricular activity:

Student Name: \_\_\_\_\_

Activity/Sport: \_\_\_\_\_

Time Period:  Spring program only

Faculty Sponsor/Coach name: \_\_\_\_\_  
(Signature of Sponsor/Coach)

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To be completed by **Employer**:

Student Name: \_\_\_\_\_

Work permit number (required): \_\_\_\_\_

I confirm that this student is employed at \_\_\_\_\_  
(Name of Business)

and that his/her starting time is set for \_\_\_\_\_ p.m. \_\_\_\_\_ days per week.

Employer's name (please print legibly): \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ (required)

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

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

***The Personnel Director of each business must contact the school office at 724.463.8562 for verification of employment.***

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Section III: **Vehicle Information** (to be completed by student)

Motor Vehicle Details:

**Attach a copy of your car(s) registration(s)**

List all vehicles **owned by student or student's family ONLY**, which might be driven to school:

**Vehicle Information**

License Plate Number	Color	Make	Model

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Section IV: **Signatures** (to be completed by student and parent/guardian)

*I acknowledge that I have received and reviewed a copy of the Student Parking Information packet. As a student attending the Indiana Area Senior High School I agree to follow the rules and regulations related to student parking, and I understand that any violation of these rules and regulations may result in the loss of my parking privilege on school grounds.*

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

Parent/Guardian Signature: \_\_\_\_\_ (required)