



PARKING PERMIT 2018-2019

Student Name: _____ Date: _____

Student's ID#: _____ Home Room: _____

VEHICLE INFORMATION

Make of Vehicle: _____ Year: _____

Model: _____ Color: _____ Tag (State)#: _____

Registered Owner & Telephone #: _____

***Please attach a copy of current insurance card and copy of driver's license.
Insurance information must be updated.***

I agree to follow the rules and regulations as outlined in the John Carroll Catholic High School Handbook regarding parking privileges in the student's parking lot. I also agree if parking privileges are suspended, I will pay a fine to resume operation of a vehicle.

Signature of student: _____

Signature of registered car owner: _____

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GENERAL PERMISSION TO DRIVE HOME

In the event my child should need to check out of school early due to illness or any other reason specified by me, I give my child permission to drive himself/herself home. I UNDERSTAND that if, in the view of a school administrator, my child is too ill to safely operate a vehicle, I will come to the school and pick up my child. I also understand that in such a situation the Dean of Students or another school official will contact me or my designated emergency contact to inform me that my child is leaving school.

PARENT/GUARDIAN SIGNATURE

DATE

DISCLAIMER: John Carroll Catholic High School accepts no liability for damage to vehicles and other properties by issuance of this permit. John Carroll Catholic High School accepts no liability for loss of properties due to accident or theft and for personal injuries by issuance of this permit.