

# Magruder High School Parking Application

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_

Last First MI

Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Phone: Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Emergency \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Type of Permit: \_\_\_\_\_ Fall Semester (\$37.50) \_\_\_\_\_ Full Year (\$75) \_\_\_\_\_ Spring Semester (\$37.50)

Vehicle Information						
Make of Vehicle Model and Year	State and License Tag #	Color	Vehicles Insured		Name of Insurance Company	Name of Legal Owner of Car
			Yes	No		

*I hereby request permission for the above named student to drive a private vehicle to school. I understand that there is a non-refundable fee of \$37.50 per semester, payable to Magruder High school, upon approval of this request. Permission is requested for the following reason(s):*

Reason:	Select one:	Additional Information Necessary:	Required Signatures:
Disability or Health Problem		Attach medical documentation	N/A
Internship/CWE/ Abbreviated Schedule		Location of Internship/job: _____  Scheduled school day ends at: _____	Coordinator's Signature: _____  Counselor's Signature: _____
SGA or Class Officer		N/A	Sponsor's Signature: _____
Activity (circle one): Band, Drama, JROTC, Lit Mag, Newspaper, NHS, Yearbook		N/A	Sponsor's Signature: _____
Varsity Athletics		Name of Sport(s): _____ <ul style="list-style-type: none"> <li><input type="radio"/> Fall Season (Aug 15-Nov 1)</li> <li><input type="radio"/> Winter Season (Nov 1-Mar 1)</li> <li><input type="radio"/> Spring Season (Mar 1-May 31)</li> </ul>	Coach's Signature: _____

*I understand that violation of law and/or school regulations governing driving may cause revocation of this privilege. If privileges are revoked, the parking fees are also forfeited. I further understand that owners or operators of vehicles might incur certain legal responsibilities when other persons are transported as passengers. I also understand that if I need to drive another family automobile, I will register the car in the school office in order to park it on school grounds or be subject to ticketing and/or towing at my expense.*

\_\_\_\_\_ / / \_\_\_\_\_ / /  
 Signature, Parent/Guardian Date Signature, Student Date

**TO BE COMPLETED BY SCHOOL:**

\_\_\_ Approved:    \_\_\_ Fall Semester                      \_\_\_ Full Year                      \_\_\_ Spring Semester

\_\_\_ Not Approved

Reason:

\_\_\_\_\_

\_\_\_\_\_ / / \_\_\_\_\_ / /  
Signature, Principal Date

Parking Permit Number Assigned: : \_\_\_\_\_ Vehicle Tag # \_\_\_\_\_

Fee Paid: \_\_\_ Cash    \_\_\_ Check    \_\_\_\_\_ / / \_\_\_\_\_  
Initials Date