2019-2020 FORT ZUMWALT NORTH PARKING CONTRACT

Student Name			Parking #
Permit	Type:	Permanent / Quarterly	Cost
THIS DOCUMENT MUST BE SIGNED BY BOTH STUDENT AND PARENT TO BE ACCEPTED.			
1.		s allow students to park only in the spot listed. Pe ts or siblings. Any change in the primary vehicle ately.	_
2.	Student must contact the office with updated insurance information. This includes renewal information should the policy on record expire.		
3.	Vehicles may not be left on school property overnight or when there are no school activities taking place.		
4.	Studer reason	nts may lose parking privileges on a permanen	de but not be limited to squealing derate driving, improperly
		Any alcohol, drug, or controlled substance - Parking space is used less than 70% of the tip Daily attendance falls below 85% for one quaprive Late Arrivals or Early Release days in or **Attendance appeals must be submitted in writing the submitte	me. rter or below 90% for two quarters ne quarter.
STUDENTS WILL NOT BE ALLOWED TO VISIT THE PARKING LOT DURING THE SCHOOL DAY.			
 Parking is granted at the discretion of the school administration. Students cannot under any circumstances reassign or transfer their permit. The school assumes no liability for theft, damages, or accidents occurring on school property. Student vehicles are subject to search by school administrators. Attendance revocations may be appealed based on exceptional verified circumstances Refunds will not be issued for lost parking privileges. 			
I understand the I am responsible for knowing and following the above guidelines. I accept the responsibility that accompanies the privilege of parking on campus. I understand my parking permit may be revoked as a consequence for violating regulations regarding attendance, misuse of a vehicle, safety concerns, substance or chemical offenses or actions that disrupt the educational process. Lastly, I			

Student Signature ______ Date _____

Parent Signature ______ Date _____

understand the fee paid for this permit is not refundable even if parking is revoked.

SUBMIT THIS CONTRACT ALONG WITH PAYMENT AND PROOF OF INSURANCE TO MRS. SARA HANNAR.