

FOR SECURITY USE ONLY
DATE _____ INT _____
DO NOT WRITE IN THIS SPACE

(Optional)

5

DECAL # _____

TEMP DECAL # _____ EXP. _____

CHERRY CREEK HIGH SCHOOL

APPLICATION FOR PARKING PERMIT 2016-2017 SCHOOL YEAR

NAME: _____ Student ID #: _____
(print clearly) Last Name First Name MANDATORY

Grade: _____ Phone #: _____ Driver's License #: _____

Vehicle Year: _____ Make: _____ Model: _____

Color: _____ License Plate #: _____ State: _____

Student Parent
Initial Initial

_____ I affirm the above information is true.

_____ I understand the privilege of parking on any Cherry Creek School District property is extended in exchange for granting consent to School & District Administration to search the vehicle without warning when the Administration has reason to believe the general welfare or safety of students & staff are threatened by items contained in the vehicle.

_____ I understand receipt of a parking permit is acknowledgement I have read & understand the parking policies outlined in the student/parent handbook and all CCSD/CCHS policies apply to my behavior as it relates to parking & driving on campus.

_____ I understand the speed limit on CCHS campus is **10 mph**.

_____ I understand when someone rides in my vehicle, I am accepting legal responsibility for their safety.

_____ I understand under Colorado law, it may be illegal for me to transport other students in my vehicle.

_____ I understand any parking/driving violation may result in a ticket, fine, my vehicle being towed and my parking/driving privileges being suspended indefinitely.

_____ I understand I must park between the white lines ONLY.

Student Signature *I have read & understand the terms of this application.* **DATE**

Parent Signature *I have read & understand the terms of this application.* **DATE**

DECAL #: _____ STUDENT ID #: _____

Students Name: _____

Last Name

(print clearly)

First Name

TAPE A COPY OF YOUR DRIVER'S LICENSE

HERE

**TAPE A COPY OF
YOUR REGISTRATION HERE**