



2020-2021 FIRST SEMESTER PARKING PERMIT APPLICATION

OFFICE USE ONLY

Permit #: _____

Date: _____

STUDENT INFO:

Student Name: _____ Date: _____

Sno-Isle Program: _____ Session: _____

Sending School: _____

Student Email: _____

Parent Email: _____

Student Driver's License Number: _____

INSURANCE COMPANY INFO:

Insurance Company: _____

Policy Number: _____ Expiration Date: _____

VEHICLE INFO:

Make: _____ Model: _____

License Plate Number: _____ Year: _____ Color: _____

DRIVING RULES: I understand and agree to the following stipulations: (please initial in boxes indicated)

1. My sending school district provides transportation to and from Sno-Isle TECH Skills Center and by electing to drive a privately owned vehicle, we choose NOT to accept the transportation offered by the school district. Therefore, we agree to hold harmless the school district, its teachers, administrators, and officials, and the Skills Center, its teachers, administrators, and officials in case of an accident or other emergency.
2. **I MAY NOT LEAVE BEFORE 10:25 OR 1:40 TO GO TO WORK.** _____
3. ***If I am frequently tardy or leave early without permission, I understand that my authorization to drive may be revoked.*** _____
4. The Sno-Isle TECH Skills Center speed limit is 5 miles per hour. Speeding, unsafe, or irresponsible driving or parking lot behavior, in the opinion of a Skills Center staff member, may cause IMMEDIATE revocation of my permit. _____
5. I acknowledge that I am not permitted to provide rides to other students without written permission from my parent, their parent AND our sending school. _____
6. Replacement passes for loss, theft, or damage shall incur a processing fee. _____
7. The parking lot is monitored by video camera every day. _____
8. Consequences for violating driving rules as outlined above: _____

1st OFFENSE = Warning

2nd OFFENSE = Driving privileges revoked 1 week

3rd OFFENSE = Driving privileges revoked for the semester.

REQUIRED SIGNATURES:

_____	_____	_____	_____
Student E-Signature	Date	Parent/Guardian E- Signature	Date

_____	_____
E-Signature of Sending School Principal	Date

Sno-Isle TECH Administrator's Signature: _____ Sno-Isle TECH Instructor's Initials: _____