Enterprise High School Parking Contract

STUDENT NAME (print CLEARLY)			ID#	
and courteousl **Students: R	campus of Enterprise High Schooly. The following parking regulations and initial items 1-12. Sign the bottom AFTER your studer	ons are in addition to the District bottom.	e expected to drive and park safely et's parking requirements.	
1	All vehicles parked at EHS <i>must</i> have a valid parking permit displayed in the left front corner of the windshield.			
2 3	I understand that it is my responsibility to have the appropriate parking permit displayed clearly every time my vehicle is parked at EHS.			
			ulting among in among that an	
 4 5 	lined Red or Yellow, behind the	NO time are students to park in visitor, staff, or handicap parking spaces in areas that are ned Red or Yellow, behind the school or in front of the main building. are to be parked between the white lines so as to only take one parking spot.		
6.	I understand that it is my responsibility to update my vehicle information with the ASB Clerk in			
7.	the Store should I change vehicles. I also understand that I am able to purchase a temporary parking permit for \$1 (good for one day) if I am not able to display my permanent permit.			
8	Students are to park in the south lot (large gym) Rear parking is for after school events only!			
9. 10	I MUST provide a copy of my license and proof of insurance to the ASB clerk			
11.	I understand that if I need a replacement permit, I must turn in my OLD permit to the ASB clerk for a new one @ no charge or be responsible to pay \$10 for a replacement.			
12				
13	If I do not have a parking permit, I will park across the street.			
14	Parking Permits are \$30.00 for the year + \$10.00 for a designated Personal Spot			
may be issue		voked along with any combi	y school, suspension or citations ination of discipline. All unpaid	
regarding park administration	ing, I will contact the administra	tion at EHS immediately, befo	king at EHS. If I am not clear re I am approached by security or ssued:	
			ENSE PLATE #	
MAKE OF V	EHICLE	MODEL OF VEHICLI	E	
YEAR	COLOR	DOB		
AUTO INSURANCE COMPANY			Exp Date:	
		Date	/ /	
Student Signat	ure			
		Date	/ /	
Parent Signatu	re			
Permit #	Space #	Date	Issued:	