

Shasta High School Parking Contract

STUDENT NAME (print CLEARLY) _____ STUDENT ID# _____

Parking on the campus of Shasta High School is a privilege. All students are expected to drive and park courteously and safely. The following parking regulations are in addition to the district's parking requirements.

****Students: Read and initial items 1-9. Sign the bottom.**

****Parents: Read & Sign the bottom AFTER your student has initialed and signed.**

1. _____ All vehicles parked at SHS shall have a valid parking permit **displayed DAILY** from the rear-view mirror or on the dashboard (in plain sight) **with the number clearly visible.**
2. _____ I will drive in a safe and courteous manner at all times. I will obey all state and local laws regarding driving and parking, including the road closure on Wolf Way.
3. _____ I will park only in designated spaces in the colored parking lot for which my permit is valid. If I am parked in a different colored lot than what my permit is for, I am subject to a parking citation.
4. _____ I will receive a parking citation of \$10.00 for each parking violation, which will be put on my Student Fees account. Excessive citations will result in a referral to an Administrator and potentially affect my ability to participate in extra-curricular activities.
5. _____ I understand that if my permit is lost or stolen, it must be re-purchased at full price.
6. _____ I understand that the parking permit issued to me is the property of SHS and may be revoked at any time by the Administration without a refund, due to breaking the parking contract.
7. _____ There will be no refunds on parking permits after November 1, 2026, for any reason.
8. _____ Students who check out of Shasta High School will need to turn in their parking permit to the ASB Financial Office located in the Student Store.
9. _____ At **NO** time are parking permits to be transferred or loaned to another student.

INFO BELOW MUST BE COMPLETED TO PICK UP PERMIT

******You must submit a copy of your current car Registration, Insurance, and your Driver's License. This copy will be kept on file in our Main Office.******

(Please print legibly)

DRIVERS LICENSE # _____ LICENSE PLATE # _____

MAKE OF VEHICLE _____ MODEL OF VEHICLE _____

YEAR _____ COLOR _____

AUTO INSURANCE COMPANY _____

I verify that all information supplied is valid & true. I have read and understand the parking requirements and consequences (#1 – 9) for parking at SHS. Any car that is in violation of the above regulations will be cited and/or parking privileges revoked along with any combination of discipline.

Student Signature Date ____/____/____

Parent Signature Date ____/____/____

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Office use only:

Lot = Blue Green Orange Purple Red Painted Parking Permit # _____