



Foothill High School
Kevin Greene, Principal
Kevin Strohmayer, Assistant Principal
Joey Brown, Assistant Principal

Foothill High School Parking Contract

STUDENT NAME (print neatly) _____ **ID#** _____

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

Students: Read and initial items 1-7 & sign the bottom.

1. _____ I understand that it is my responsibility to have a valid parking permit properly displayed at all times while my vehicle is parked on campus during the school day. The permit must be visible either in the lower left corner of the driver's side windshield or hanging from the rearview mirror.
2. _____ I understand it is my responsibility to update my parking contract information. Should I permanently change vehicles or drive another vehicle that does not have a parking permit I am responsible to get a replacement..
3. _____ Parking permits are non-transferable between vehicles and/or drivers.
4. _____ At NO time are students to park in visitor, staff, handicap spaces, medians, charging spots, unpaved areas, or in areas that are lined red, yellow OR assigned to a specific student (senior painted parking spots).
5. _____ Excessive parking tickets may result in losing parking privileges on campus.
6. _____ Reckless driving may result in losing parking privileges on campus.
7. _____ Moving from parking lot to parking lot is against school rules and may result in parking privileges being revoked.

Any violation of the above may result in a citation, lunch detention and/or parking privileges being revoked.

I understand the following parking consequences and requirements for parking at FHS. If I am not clear regarding parking, I will contact the office for clarification.

******ALL of the information below MUST be completed BEFORE a permit is issued******

DRIVERS LICENSE # _____ LICENSE PLATE # _____

MAKE OF VEHICLE _____ MODEL OF VEHICLE _____

YEAR _____ COLOR _____

AUTO INSURANCE COMPANY _____

Student Signature Date ____/____/____

Parent Signature Date ____/____/____

Office use only:

Parking Permit # _____ **Date issued:** _____

Check #: _____ Cash : _____ Credit Card: _____ Online Pre Pay: _____