



**Foothill High School**  
**Kevin Greene, Principal**  
Kevin Strophmayer, 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. \_\_\_\_\_ All vehicles parked at FHS shall have a valid parking permit **displayed** in the drivers side, bottom left corner of the windshield.
2. \_\_\_\_\_ I understand that it is my responsibility to have the appropriate parking permit displayed clearly **every time** my vehicle is parked at FHS.
3. \_\_\_\_\_ I understand it is my responsibility to update my parking contract information should I permanently change vehicles. In the event of a temporary vehicle change you must leave a note clearly visible on your dashboard include your name, student ID number, explanation, and permit number if you know it.
4. \_\_\_\_\_ At NO time are parking permits to be transferred.
5. \_\_\_\_\_ At NO time are students to park in visitor, staff, handicap spaces, or in areas that are lined red, yellow OR painted to a specific student (Senior Paint Your Spot)
6. \_\_\_\_\_ At NO time are cars to be parked on the median or in unpaved areas.
7. \_\_\_\_\_ Cars are to be parked between the white lines so as to take only one parking spot.

If your vehicle is parked in violation of the above stated regulations you may receive a citation, Saturday School, suspension, and/or parking privileges may be revoked along with any combination of discipline.

I understand the following parking consequences and requirements for parking at FHS. If I am not clear regarding parking, I will contact the administration at the FHS immediately, before I am approached by the sheriff, security or an administrator.

**\*\*\*\*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: \_\_\_\_\_