**STRATFORD HIGH SCHOOL**

**PARKING INFORMATION/AGREEMENT 2022-2023**

PRINT LEGIBLY AND COMPLETE IN INK GRADE LEVEL: 11 12

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| --- | --- |
| NAME: LAST | NAME: FIRST |
| STREET ADDRESS: | ZIP |
| HOME PHONE NUMBER/STUDENT CELL# | DATE OF BIRTH |
| MAKE OF CAR MODEL | COLOR YEAR |
| LICENSE PLATE NUMBER | Student ID # |
| DRIVER’S LICENSE NUMBER EXP. DATE | Lot  South  East |
| INSURANCE EXPIRATION DATE | Parking Sticker Number (OFFICE USE ONLY) |

**Purchasing a parking sticker means you may only park in the lot assigned.**

I have read and understand all parking requirements, regulations and consequences, including the sections pertaining to citations, booting and towing. I agree to follow all present and future regulations. I understand that my parking privilege may be revoked, and specific disciplinary actions may be applied (including immobilization and/or towing of my vehicle) at owner’s expense if I violate regulations.

I understand that SBISD and SHS are not responsible for any items that are stolen or any damage that may occur to your vehicle while parking on any SBISD property.

I acknowledge that I have received and read the SBISD & SHS Parking Rules and Regulations information.

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| --- | --- |
| PARENT/GUARDIAN SIGNATURE | DATE |
| STUDENT SIGNATURE | DATE |