



BISHOP KEARNEY PARKING PERMIT APPLICATION

DATE ISSUED BY OFFICE:
_____/_____/_____

Last Name First Name Grade

Home Address, City, State, Zip

Name of Car Owner Owners Home Phone # Owners Work #

Parent Work Phone # If Different

1. Plate # _____ Year _____ Color _____ Make _____

2. Plate # _____ Year _____ Color _____ Make _____

BISHOP KEARNEY HIGH SCHOOL PARKING REGULATIONS

In submitting my application for a parking permit, I agree that I will:

- Arrive to school and class on time each day.
- The parking tag must be displayed on the rear view mirror.
- Park only in permitted student parking spots which means no parking on lawn, in visitor's areas, in handicap spaces, in faculty spots, in fire lanes or other marked No Parking areas.
- Park only within a parking lane, not across two spaces (NO ANGLE PARKING).
- Remain in school all day and not go to my vehicle between or during classes or lunch.
- Refrain from smoking in my car while driving on school grounds.
- Refrain from littering on school property.
- Refrain from all forms of reckless driving including excessive speed (Speed Limit 10 MPH), carrying students on hood or trunk, failure to yield right of way to buses, and others.
- Lock my car during the school day in order to assure security of the vehicle and its contents.
- Obey all traffic signs.
- Play the car radio at a reasonable level.
- Report to appropriate authorities all accidents.
- Notify the school of changes in ANY information supplied with this application.

(over)



I further understand and agree that arriving to school late may result in the revocation of my parking permit. I also understand that parking on school grounds without permission and/or failure to comply with any of the above will result in loss of parking privilege and/or in additional measures as warranted by circumstances.



I have read this completed application, including the regulations for driving to Bishop Kearney High School and parking on school grounds, and I agree to abide by all such rules. I also understand that abuse of the parking privilege **WILL** result in revocation of the permit and/or in ticketing the car at the owner's expense which may be added to the monthly tuition plan.

Signature of Student

Date



Parent/Guardian Statement

I have read this completed application, including the regulations for driving to Bishop Kearney High School and parking on school grounds, and I have spoken with my child regarding the responsibilities of operating a motor vehicle and the privilege of parking on school grounds. I will support the school in its efforts to maintain a safe environment and am aware that abusing the parking privilege may result in revocation of this parking permit and/or ticketing the vehicle at the owner's expense which may be added to the monthly tuition plan.

Signature of Parent/Guardian

Date

(S) : Parking

This form must be turned into the Bishop Kearney Main Office with a check made payable to Bishop Kearney in the amount of \$50.

Parking permits are valid for one school year only.

Parking Permits must be renewed every school year.