

Application Fee \$100.00



Student Parking Application for Current School Year

Student Name	Date of Birth	Student Cell Phone	Year of Graduation
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A copy of your permanent license (both sides), vehicle registration, and \$100.00 fee is due with this application.

Vehicle Information #1

Year:	Make:	Model:	Color:	License Plate #:
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Vehicle Information #2 (complete this section if you will be driving more than one vehicle)

Year:	Make:	Model:	Color:	License Plate #:
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I agree to abide by all rules established by the school, community, and the State of Massachusetts regarding the operation and parking of my vehicle. I also understand that if it is determined the driving privilege has been abused or lost because of disciplinary action; my driving permit will be revoked, by the school administration. In connection with my request to park either my automobile or any automobile I am permitted to drive, I consent to the unlocking and inspection of the automobile and its contents while in the school authorized parking areas. I agree to make any and all lock keys available to the Head of School or his/her designee for this purpose. I agree that this permission shall last as long as I am a student and have authorization to park in PFPS authorized parking areas. **I understand that excessive tardiness, truancy, skipping class, and other infractions are grounds for revoking my parking privilege.** This will require me to arrange alternate transportation. **The \$100.00 parking fee is non-refundable. If I lose my parking privilege for any reason, I will not be issued a refund.**

Student Signature:	Parent Signature:
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Office Use Only

Student Parking Tag #	Fee Paid On : _____ <div style="display: flex; justify-content: space-around;"> Check Cash </div>	Date of Application Expires June 30 of Current School Year
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Comments _____