St. Catherine Student Parking Registration Form

Student Last Name:___________________ First Name:___________________ Grade:__________

Student Driver’s License Number:___________________________

Parent/Guardian #1 Name:_____________________________ Phone Number: ________________________

Parent/Guardian #2 Name:_____________________________ Phone Number: ________________________

Rules:

• All students are to park in the “student lot” at the north end of campus.
• Parking tag must be displayed on rear view mirror at all times.
• Parking tag may only be used by student to whom it is issued.
• Students are responsible to make sure vehicles are secure at all times.
• Students may NOT park in handicap spots unless a valid handicap tag is displayed in front window. Parking in a handicap spot without a proper tag is illegal!
• Students must follow all laws regarding parking lot and driving safety (i.e. speed limit, pedestrians right of way, parking within the lines, etc.)
• Only the vehicle(s) that have been listed below may park on campus. Please list all vehicles the student may drive to school.

<table>
<thead>
<tr>
<th>Vehicle #1</th>
<th>Vehicle #2</th>
<th>Vehicle #3</th>
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<tbody>
<tr>
<td>Plate #_________________</td>
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I have read and agree to the rules stated above and have listed all possible vehicles that may be parked on campus. I understand that failure to comply may result in disciplinary actions or the revocation of my parking permit. Unregistered vehicles may be towed at owner’s expense. I understand that St. Catherine’s is not liable for any lost, stolen, or damaged items or vehicles parked on any part of campus.

Student Signature___________________________________ Date _____________

Parent/Guardian Signature________________________________ Date _____________