

Timpanogos High School

Application for School Parking Lot Access

NAME: _____ Student ID #: _____ Grade: _____

ADDRESS: _____ City: _____

PHONE: _____ DRIVER LICENSE #: _____

Name on Vehicle Registration _____

	Permit #	Make	Model	Color	License Plate Number
Vehicle 1					
Vehicle 2					

I, _____, agree to the terms and responsibilities stated below in connection with obtaining authorization to use the school parking lot.
(student's name)

I understand that the parking lot is the property of Timpanogos High School. I agree that the vehicle/vehicles driven by _____ will not be used to transport or store illegal items on school property.
(student's name)

I agree that _____ will not use the school parking lot to violate a criminal law or school rule.
(student's name)

I understand and give school officials and/or school security consent to search the vehicle/vehicles described above or other vehicles driven by _____ and the vehicle's contents at any time when it is parked on school property.
(student's name)

I authorize school officials and/or school security to seize any item that violates a criminal law or school rule or provides evidence of a criminal law or school rule violation.

I understand that I will lose my parking privilege at Timpanogos High School if I am chronically in violation of the parking guidelines as outlined in the Student Handbook.

School Official Name and Title

School Official Signature

Date

Student Name

Student Signature

Date

Parent Name

Parent Signature

Date

Parking permits cost \$5.00 each. Two permits will be available per student and will only be issued to a student with a valid driver's license. Permits must be hung from the rearview mirror and must be clearly visible.

This form was adapted from the Utah School Search Manual produced by the Attorney General's office.