

Gooding Jt. School District 231

STUDENTS

3450F

Student Vehicle Parking Application

Student Name (please print) Age School

Student Address City Zip Code

Vehicle Make Model Year

License Plate No. Student's Driver's License No.

Insurance Co. Name Insurance Agent's Name

Insurance Policy No. Name of Car Owner

I certify, by my signature below, that the above information is true. I agree that my being able to operate and to park a vehicle on school property is a privilege conditioned on my willingness to have that vehicle subject to search by school authorities at any time the vehicle is on school property when, in the judgement of the building administrator, a reasonable suspicion of a violation of Idaho law or District policies or rules exists. I also understand that it is my responsibility to obey the speed limit on school grounds, to operate the car safely going to and from school and school events, to park in designated areas, and to maintain legally required insurance on the vehicle. Finally, I understand that any violation of this agreement or other school rules can lead to the revocation of all parking privileges. I further understand that motor vehicles in violation of the District's Student Vehicle Parking policy may be subject to towing.

Student Signature Date

I, the parent/legal guardian of _____ hereby verify the information supplied above and understand and agree with the rules pertaining to the operation of a vehicle by students of the District.

Parent/Guardian Signature Date