

APPLICATION FOR STUDENT PARKING

Cochrane High School

2018 – 2019

STUDENT NAME: (Please print)				GRADE:
PARENT/GUARDIAN NAME: (Please print)				
Vehicle#1: License Plate:	Colour:	Make:	Model:	Year:
Vehicle#1: License Plate:	Colour:	Make:	Model:	Year:

Single Pass

Family Pass (one student driving siblings in the tri-school area - one pass per family):

Siblings (name): _____ School: _____

Siblings (name): _____ School: _____

Siblings (name): _____ School: _____

Please read carefully and sign that you agree with the following:

- With a parking pass, students must park in accordance to Cochrane By-Laws.
- I will not park in staff parking, visitor parking, fire lanes, and driving lanes or on concrete medians or sidewalks at any time.
- I will use the parking lot as an arrival and departure point only; I will not loiter in the parking lot or sit in vehicles during the school day.
- I realize that parking at the school is a privilege. I know the parking lot is not monitored to prevent damage to vehicles and the school and the school board is not responsible for any damage to my vehicle.
- After school, I will exit the parking lot from the North Exit.
- I understand that there is a \$5 replacement fee for parking passes.
- I will return the parking pass to the school office at the end of the school year or if I am no longer attending Cochrane High School.

SIGNATURE OF STUDENT:	
SIGNATURE OF PARENT/GUARDIAN:	
DATE:	OFFICE USE ONLY Pass Number: