

# APPLICATION FOR STUDENT PARKING

Cochrane High School

2018 – 2019

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

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.

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