

## COLONIAL HEIGHTS HIGH SCHOOL STUDENT PARKING APPLICATION

All students at **Colonial Heights High School**, who will be driving to school, will be assigned to a parking space on a first-come and first-serve basis according to grade.

The following are the rules governing parking in the school parking lot. You must agree to these rules and sign below.

1. Spaces are assigned in the school-owned parking lot. **Any cars parked in the front circle will be towed.**
2. Parking “hang tags” fit around the rear view mirror and must be displayed.
3. All offenses will be documented.
4. **1<sup>st</sup> Offense** – Not displaying hang tags, illegally parking, reckless driving, leaving school grounds without permission, etc., will lose parking privilege for 1 month. (Violations of this restriction will result in automatic loss of parking privilege for the remainder of the school year.)  
**2<sup>nd</sup> Offense** – Loss of parking privileges for the remainder of the school year. No refund on parking fee. (Violations of this restriction will result in the vehicle being towed at the owner’s expense.)
5. Parking is a privilege, which may be suspended or revoked for being excessively tardy or absent to school or for excessive discipline problems.

**PLEASE KEEP THE STUDENT PARKING RULES IN YOUR CAR**

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Complete and return the attached form, along with the following information, to Mrs. Rowe, Bookkeeper in the Main Office.

1. Copy of your valid driver’s license.
2. Copy of your valid registration to ALL cars that you may drive to school.
3. Copy of your valid insurance card.
4. \$20.00 parking fee.

**\*copies of the required documents will NOT be made at CHHS\***

**COLONIAL HEIGHTS HIGH SCHOOL  
STUDENT PARKING APPLICATION**

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Grade \_\_\_\_\_ Student Drivers License# \_\_\_\_\_

Auto Make \_\_\_\_\_ Auto Model \_\_\_\_\_ Auto Color \_\_\_\_\_

License Plate # \_\_\_\_\_ Year \_\_\_\_\_ Vehicle Identification # (VIN) \_\_\_\_\_

Name of Insured/Registrant \_\_\_\_\_ Name of Insurance Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

I have read the rules governing parking and agree to abide by them. My signature verifies that all information given on this application is accurate to the best of my knowledge. If not accurate, I understand I may lose my parking privilege for the remainder of the school year.

\_\_\_\_\_  
Signature of Student

I have read the entire application and agree to the rules governing parking and will uphold the consequences to any violations committed by my son/daughter.

\_\_\_\_\_  
Signature of Parent

(If possible, please include a daytime telephone number \_\_\_\_\_ )

**PARKING HANG TAG#** \_\_\_\_\_  
(office to complete)