

CANYON RIDGE HIGH SCHOOL
300 NORTH COLLEGE RD. W
TWIN FALLS, ID 83301

STUDENT VEHICLE PARKING APPLICATION

Student Name (please print) **Grade** **PASS #**

Student Address **City** **State**

Vehicle Make **Model** **Year**

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

Insurance Co. Name **Insurance Policy No.**

Name of Car Owner (please print) **Owner Contact No.**

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 & purchase a \$10.00 parking pass. I understand that any parking violations can result in a fine that must be paid within 5 business days. Multiple violations or unpaid fines can result in suspended parking privileges. 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

Date