PARKING FEE $10.00   PARKING PERMIT________________

CABRINI HIGH SCHOOL – ALLEN PARK, MI
STUDENT PARKING PERMIT APPLICATION

STUDENT NAME ____ GRADE_____________
(LAST NAME)   (FIRST NAME)

DATE OF BIRTH_______________ HOME PHONE#_________________________CELL#______________________

VEHICLE INFORMATION:

____
LICENSE PLATE #   MAKE   MODEL   COLOR   YEAR

____
(SECOND CAR)

DRIVER'S LICENSE #____
))

I HAVE READ AND UNDERSTAND THE SCHOOL PARKING REGULATIONS ON THE BOTTOM OF THIS APPLICATION WHICH INCLUDES MY PARENT'S PERMISSION AND SIGNATURE.

____DATE____________________
(STUDENT SIGNATURE)

5/16

CABRINI SCHOOL PARKING REGULATIONS

- ❖Parking is strictly limited to the student parking areas. Parking on Wick or Laurence adjacent to school grounds is prohibited. Each student is allowed only one parking space and must park in their assigned space.
- ❖The sharing of parking tags or spaces is prohibited.
- ❖All automobiles parked on school and parish grounds must be registered with the school and must visibly display the current tag on the rear view mirror.
- ❖There is no driving over 5 miles per hour or any form of reckless driving on school grounds or vicinity.
- ❖There is no loitering in the parking lot.
- ❖As stated on the signs posted in the parking lot, "By entering this area, the person in charge of any vehicle consents to search of the vehicle with or without cause by school officials or police officers."
- ❖All students must be licensed and covered by insurance. The school is not responsible for the automobile or its contents.
- ❖Parking regulations are strictly enforced. It is considered a privilege to park on school grounds. Suspension of driving privileges, towing, and/or ticketing of vehicles and/or suspension from school may result when violations of these regulations occur.

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___________________________________ has my permission to drive the vehicle(s) described above to school. I understand that violations of any of the driving and/or parking regulations listed above may result in suspension of this privilege. This student has a current valid driver's license and is covered by automobile insurance in compliance with the State of Michigan.

____ Date___________________________
(Parent or Guardian signature)

Home Phone #_______________________ Work #______________________ Cell #_____________________

5/16