



Godby High School Student Parking Permit Agreement

Print Student Name: _____ Grade: _____

Vehicle Year/Make/Model: _____ Color: _____ License # _____

2nd Vehicle: Year/Make/Model: _____ Color: _____ License # _____

Insurance Company: _____ Policy Number: _____

As a parking pass holder my initials show that I understand and agree to the following:

_____(initial) I must pay to park on campus. (\$50 per year, \$25 for 2nd semester if I don't drive 1st semester)

_____(initial) I do not get to choose my parking spot because parking spots will be assigned in numerical order.

_____(initial) I will hang my parking pass on the rearview mirror so it is easily visible.

_____(initial) I will only park in my assigned spot in the student parking lot.

_____(initial) If I do not park in the student parking lot I can be booted or towed per LCSB Policy 5515.

_____(initial) If I am booted or towed it will be at my expense.

_____(initial) If my spot is occupied I will park on the last row in student parking and notify Mr. Warfel.

_____(initial) I will drive safely and slowly through the parking lot and obey all traffic signs.

_____(initial) I will turn down the music when I drive on campus.

_____(initial) My vehicle can be searched by a school administrator with reasonable suspicion per LCSB Policy 5771.

_____(initial) I will not loiter in the parking lot during lunch, before or after school.

_____(initial) My parking pass is nontransferable and cannot be sold to or used by another student.

_____(initial) If I violate this agreement my parking privileges can be revoked without a refund.

All campus parking facilities are the property of the Leon County School Board and School Board & Godby High School rules apply. Loitering will not be permitted. All illegally parked cars may be booted or towed at owner's expense and if a car is booted, the \$20.00 fee must be paid by 3pm to have the boot removed the same day. Boot payments may be made in Student Services from 7am-3pm. A parking permit must also be purchased at this time. *I have read the above information and agree to abide by the terms and conditions.*

****Bring this parking agreement completed, cash or check payment, a copy of your Car Insurance & Driver's License to Mr. Warfel in Student Services to obtain your parking pass****

Student Signature

Date

Parent Signature

Date

-----OFFICE USE ONLY-----

On campus full-time?: _____ Fee Paid: _____ Check/Cash Receipt # _____ Space #: _____