



PARENT-TEEN DRIVING AGREEMENT

I, _____, will drive carefully and cautiously and will be courteous to other drivers, bicyclists, and pedestrians at all times.

I PROMISE.

I promise that I will obey all the rules of the road.

- ☐ Always wear a seat belt and make all my passengers buckle up
- ☐ Obey all traffic lights, stop signs, other street signs, and road markings
- ☐ Stay within the speed limit and drive safely
- ☐ Never use the car to race or to try to impress others
- ☐ Never give rides to hitchhikers

I promise that I will make sure I can stay focused on driving.

- ☐ Never text while driving (writing, reading or sending messages)
- ☐ Never talk on the cell phone — including handsfree devices or speakerphone — while driving
- ☐ Drive with both hands on the wheel
- ☐ Never eat or drink while driving
- ☐ Drive only when I am alert and in emotional control
- ☐ Call my parents for a ride home if I am impaired in any way that interferes with my ability to drive safely, or if my driver is impaired in any way
- ☐ Never use headphones or earbuds to listen to music while I drive

I promise that I will respect laws about drugs and alcohol.

- ☐ Drive only when I am alcohol and drug free
- ☐ Never allow any alcohol or illegal drugs in the car
- ☐ Be a passenger only with drivers who are alcohol and drug free

I promise that I will be a responsible driver.

- ☐ Drive only when I have permission to use the car and I will not let anyone else drive the car unless I have permission
- ☐ Drive someone else's car only if I have parental permission
- ☐ Pay for all traffic citations or parking tickets
- ☐ Complete my family responsibilities and maintain good grades at school as listed here: _____

- ☐ Contribute to the costs of gasoline, maintenance, and insurance as listed here: _____

RESTRICTIONS:

I agree to the following restrictions, but understand that these restrictions will be modified by my parents as I get more driving experience and demonstrate that I am a responsible driver.

- ☐ For the next _____ months, I will not drive after _____ pm.
- ☐ For the next _____ months, I will not transport more than _____ teen passengers (unless I am supervised by a responsible adult).
- ☐ For the next _____ months, I won't adjust the stereo, electronic devices, or air conditioning/heater while the car is moving.
- ☐ For the next _____ months, I will not drive in bad weather.
- ☐ I understand that I am not permitted to drive to off limit locations or on roads and highways as listed here: _____

- ☐ Additional restrictions: _____

PENALTIES FOR AGREEMENT VIOLATIONS

- ☐ Drove while texting (composed, read or sent message or email with phone).
NO DRIVING FOR _____ MONTHS
- ☐ Drove while talking on the cell phone (including handsfree or speakerphone).
NO DRIVING FOR _____ MONTHS
- ☐ Drove after drinking alcohol or using drugs.
NO DRIVING FOR _____ MONTHS
- ☐ Got ticket for speeding or moving violation.
NO DRIVING FOR _____ MONTHS
- ☐ Drove after night driving curfew.
NO DRIVING FOR _____ WEEKS/MONTHS
- ☐ Drove too many passengers.
NO DRIVING FOR _____ WEEKS/MONTHS
- ☐ Broke promise about seat belts (self and others).
NO DRIVING FOR _____ WEEKS/MONTHS
- ☐ Drove on a road or to an area that is off limits.
NO DRIVING FOR _____ WEEKS/MONTHS

I agree to follow all the rules and restrictions in this agreement. I understand that my parents will impose penalties, including removal of my driving privileges, if I violate the agreement. I also understand that my parents will allow me greater driving privileges as I become more experienced and as I demonstrate that I am always a safe and responsible driver.

I PLEDGE!

SIGNATURES

Driver: _____ Date: _____

Parent promise: I also agree to drive safely and to be an excellent role model.

Parent (or guardian): _____ Date: _____

Parent (or guardian): _____ Date: _____



PARKING PERMIT APPLICATION

HIGH SCHOOL STUDENTS (Revised 8/2021)

Please print clearly! Use Ø for zero.

Student's Last Name _____ First Name _____ Middle Name _____
High School Currently Attending: _____ Grade _____ Date of Birth _____
Parent/Guardian Last Name _____ First Name _____ Home Phone _____
Street Address _____ City _____ State _____ Zip Code _____
Student's email address: _____ Parent/Guardian's email address _____

THE STUDENT LISTED ABOVE NEED TO DRIVE TO SCHOOL FOR THE FOLLOWING REASONS:

<input type="checkbox"/> Mentoring, pd(s) _____	<input type="checkbox"/> CRD, pd(s) _____
<input type="checkbox"/> Release Time, pd(s) _____	
<input type="checkbox"/> I am involved in the following activities: _____ _____ _____	<input type="checkbox"/> Employment after school: Employer _____ Employer's phone number _____ Work Days/Hours _____ Employer's Contact Person _____
<input type="checkbox"/> Other (specify) _____ _____	

AUTO INFORMATION

Primary Vehicle: Year _____ Make _____ Model _____ Color _____ License Plate _____
Alternate Vehicle: Year _____ Make _____ Model _____ Color _____ License Plate _____

STUDENT/PARENT

We have read and understand school parking regulations and agree to comply with them. To our knowledge, the above information is correct.

We have completed the Parent-Guardian/Teen Driving Agreement.

Student Signature _____

Parent/Guardian Signature _____

TO BE COMPLETED BY OFFICE STAFF

Student's Driver License Number _____ Student Grade _____ School Year _____
Fee (\$15) Paid \$ _____ Cash | Check _____ Permit Number Issued _____ Other _____
Staff's Signature _____ Date _____