



CENTREVILLE LAYTON SCHOOL

Parking Permit Application

Student Name:	
Cell Phone:	
Driver's License # & State of Issue:	
Registered Owner of the Vehicle	
Relationship of Owner to Student	
Vehicle Make:	
Vehicle Model:	
Vehicle Color:	
License Plate Number:	
Insurance Company	
Insurance Policy Number:	
Insurance Policy Expiration Date:	

Rules and Regulations:

1. All students must park in the upper parking lot.
2. Do not drive around other cars as this creates the potential for an unsafe situation.
3. Anyone using these premises assumes all risk of accident and expressly agrees that Centreville Layton School shall not be liable under any circumstances for any injury to a person and loss or damage to property.
4. Copies of VALID insurance card(s), driver's license, and vehicle registration(s) must be attached to the application.
5. The parking permit is ONLY valid for the current school year.
6. Students who are tardy to school must report to the main office and sign in.
7. Once parked, students are not permitted to remain in the car or return to the parking lot during school hours without authorization for the administration.
8. Failure to follow the above rules may result in the suspension or revoking of parking privileges.

I have read, fully understand, and agree to abide by the student parking regulations as written above.

Student Signature _____ Date: _____

I give permission for my child to drive the vehicle described above to and from Centreville Layton School. I have read and fully understand that any violation of the regulations listed above may result in the suspension of my child's driving privileges and/or disciplinary action.

Parent Signature _____ Date: _____