



Foothill High School
Kevin Greene, Principal
Shawn Anstine, Assistant Principal
Kevin Strohmayer, Assistant Principal

Foothill High School Parking Contract

STUDENT NAME (print neatly) _____ **ID#** _____

Parking on the campus of Foothill High School is a privilege. All students are expected to drive and park safely and courteously. The following parking regulations are in addition to the district's parking requirements.

Students: Read and initial items 1-7; sign the bottom.

1. _____ All vehicles parked at FHS shall have a valid parking permit **displayed** in the drivers side, bottom left corner of the windshield.
2. _____ I understand that it is my responsibility to have the appropriate parking permit displayed clearly **every time** my vehicle is parked at FHS.
3. _____ I understand it is my responsibility to update my parking contract information should I permanently change vehicles. In the event of a temporary vehicle change you must leave a note clearly visible on your dashboard include your name, student ID number, explanation, and permit number if you know it.
4. _____ At NO time are parking permits to be transferred.
5. _____ At NO time are students to park in visitor, staff, handicap spaces, or in areas that are lined red, Yellow OR painted to a specific student (Senior Paint Your Spot)
6. _____ At NO time are cars to be parked on the median or in unpaved areas.
7. _____ Cars are to be parked between the white lines so as to take only one parking spot.

If your vehicle is parked in violation of the above stated regulations you may receive a citation, Saturday School, suspension, and/or parking privileges may be revoked along with any combination of discipline.

I understand the following parking consequences and requirements for parking at FHS. If I am not clear regarding parking, I will contact the administration at the FHS immediately, before I am approached by the sheriff, security or an administrator.

******ALL of the information below MUST be completed BEFORE a permit is issued******

DRIVERS LICENSE # _____ LICENSE PLATE # _____

MAKE OF VEHICLE _____ MODEL OF VEHICLE _____

YEAR _____ COLOR _____

AUTO INSURANCE COMPANY _____

Student Signature Date ____/____/____

Parent Signature Date ____/____/____

Office use only:

Parking Permit # _____ **Date issued:** _____

Check #: _____ Cash : _____ Credit Card: _____ Online Pre Pay: _____