

For Office Use Only Parking Permit No. _____



Office of Student Life

Student Parking Application for the 2022 – 2023 School Year

Please clearly print all information requested below.

Name of Student					
ID Number					
Driver's License No.					
Parent Phone					
Home Address					
City / Town				State	
Make of Vehicle		Model of Vehicle		Color of Vehicle	
License Plate No.					

The parking fee for the 2022-2023 school year is **\$150**. Payment may be made by check and submitted to the Office of Student Life. Checks must be made payable to Brother Rice High School and submitted with a completed Student Parking Application.

OVER PLEASE

Parking Lot Regulations

Failure to comply with any of the following regulations may result in immediate forfeiture of parking privileges as well as of all fees paid for that privilege.

1. Students are never permitted to park in the parking lot on the west side of the school. This lot is reserved exclusively for faculty, administration, and visitors to Brother Rice High School.
2. The speed limit on campus is **10 miles per hour** at all times and under all circumstances.
3. Your parking permit (tag) must be displayed on the rear view mirror of your vehicle any time your car is parked in the Brother Rice High School student parking lot.
4. Any student found to be sharing his parking permit (tag) with any other student at any time under any circumstance shall have his parking privileges immediately revoked without refund.
5. Any student who is discovered to have sold, or is found to be attempting to sell his parking privilege to any other student without the knowledge or approval of the Office of Student Life shall have his parking privilege immediately revoked without refund.
6. A student shall immediately forfeit his parking privileges should disciplinary probation be imposed on him by the Office of Student Life. In such a case, neither total nor partial refund of the student's parking fee will be made.

The Administration of Brother Rice High School reserves the right to revoke the parking privilege of any student upon determination of due and justifiable cause.

Agreement

I have carefully read, fully understand, and agree to abide by the regulations set forth above. I further acknowledge that I clearly understand that my failure to comply with any of the regulations and any time may result in the loss of my parking privilege as well as the loss of all fees paid for the privilege.

Signature of Parent

Signature of Student