Dulaney High School

# STUDENT PARKING REGISTRATION CONTRACT

**Directions:**

**Please fill out this form completely and have your parent / guardian sign at the bottom.**

**Then return this form to the front office secretary no later than 2:00pm on Thursday, August 31st. In order to be fair, there will be a lottery for the 130 parking spaces available that will be conducted under the observation of some administrators, secretaries and faculty. If your name was selected you will be notified of results the next day and can pick up your parking pass.**

***FYI: Any form not signed by a parent/guardian will be discarded from the lottery.***

PERMIT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Filled in by school*)

Driver’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tag Number\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number (Soundex) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle’s Make\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle’s Registered Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner’s Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I will not accept a parking permit if I am not driving to school and using the student lot.
* Upon receipt of a Student Parking Permit, I agree to display the hang tag on the rear view mirror.
* I agree that this permit cannot be transferred to another vehicle.
* I agree to obey the laws regarding driving and parking in the State of Maryland and Baltimore County.
* When school is in session, I will park only on the student parking lot on the lower lot of the school in the designated areas.
* I will drive carefully on school grounds and park between the lines in the student parking lot.
* ***I will not park behind the school, or in any other unauthorized areas***.
* I will not return to my vehicle or be in the parking lot after I arrive for school.
* I understand that parking will be monitored by BCPD Traffic Enforcement and by the School Resource Officer who can issue tickets, or direct that vehicles be booted or towed.
* I understand that my parking permit can be invalidated if I do not adhere to these agreements and pledges.
* I understand that my parking permit can be invalidated if I am found guilty of being truant or guilty of leaving school grounds without permission during the school day.
* I understand that my parking permit can be invalidated if I fail to comply with the rules/policies found in the student handbook.
* I understand that it is my responsibility to notify my School Resource Officer if any of the information I provided regarding my driver’s license or vehicle changes.

Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s / Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_