

OAK PARK INDEPENDENT SCHOOL PARKING PERMIT

2019-2020 SCHOOL YEAR

| Student Name: | Date: |
|------------------------------------------------------|--------------------------------------------------------------------------|
| Vehicle Make | |
| & Model: | Vehicle Color: |
| Vehicle License #: | Driver License #: |
| NOTE: You are required by California State la | aw to have liability insurance if you drive. |
| Parking Rules: | |
| 1. Students must park ON CAMPUS in assigned | areas, head in only, and follow directional arrows. |
| 2. Lot speed limit of 5 mph must be strictly obe | • |
| 3. Students may not loiter around their vehicle | |
| 4. No smoking or possession of tabacco in or ar | ound vehicles in the lot. |
| 5. No littering. | |
| 6. A complete stop is required before exiting th | e driveway. |
| 7. Radios may not be played at high volume. | |
| I understand that any violation of the above regul | ations or an other action, which may be construed as an unsafe |
| operation of a vehicle on campus, will result in th | • |
| St. Joseph Communication | |
| Student Signature: | |
| | |
| I certify that my son/daughter has liability insurar | nce as required by law in California. I understand that I am responsible |
| for any damage caused to other vehicles or proper | rty caused by my son/daughter while driving on campus. |
| Parent Signature | |
| Parent Signature: | For Office Use Only |
| | Parking Pass #: |
| | Date: |
| | Duit. |