Crooms Academy of Information Technology
PARKING PERMIT APPLICATION
2017-2018

I, _____________________________, request permission to park my car at Crooms Academy of Information Technology for the current school year. The vehicle I will be driving is as follows:

Make: ___________________ Model: ___________________ Color: ______________ Year: __________ Tag #: __________

Make: ___________________ Model: ___________________ Color: ______________ Year: __________ Tag #: __________

A copy of the current registration of the vehicle must be submitted with this application along with proof of insurance and your driver’s license.

The parking of a student’s vehicle on campus is a privilege that is granted by the School Board upon the purchase of a parking decal. Students who park their vehicle on campus without authorization or who repeatedly violate campus parking policies will have their decal revoked and/or their vehicle towed at the owner’s expense.

Vehicles parked on School Board property are subject to search if school personnel have reasonable suspicion that illegal, prohibited, harmful items or substances; stolen property may be contained therein. Each student who parks on a school campus is presumed to know what is contained in his/her vehicle and will be held accountable for any contraband, weapons, drugs, etc. which may be found in the vehicle.

The cost of student parking is $70 per school year.

I have read and understand the information provided above.

Signature of Student ___________________________ Cell Phone Number ___________________________ Date _______________

PARENT CONSENT FORM

I, _____________________________, the parent or guardian of the above-named student, as a prerequisite to the issuance of a parking decal, give my consent for my students to park on the campus of Crooms Academy of Information Technology in accordance with Seminole County Public School Board policies.

Signature of Parent ___________________________ Date _______________

_________________________ County, Florida

Sworn to and subscribed before me this ________ day of ______________, 20_____

Personally Known _____ or produced Identification _____ Type of ID ________________

NOTARY PUBLIC-STATE OF FLORIDA

Notary Name (Printed) ___________________________

Notary Signature _______________________________________

Notary Commission Expires ___________________________