

AP 321-1 Student Parking Request Form

School name:

Parking Fee:

Vehicle #1

Registered Owner:

Signature:

Vehicle Make: _____

Vehicle Model: _____

Vehicle License Plate:

Vehicle Year:

Vehicle Colour:

Vehicle #2

Registered Owner:

Signature:

Vehicle Make:

Vehicle Model:

Vehicle License Plate:

Vehicle Year:

Vehicle Colour:

I understand that parking on school property is a privilege and that neither the school nor the Abbotsford School District is liable for any damage that may occur to my vehicle, or any theft of my vehicle including articles left inside my vehicle.

I agree to obey all the rules as set out in [AP 321, 'Student Parking'](#), and on this form.

I understand that if I break any of these rules the school may take action which may include disabling/towing my vehicle and/or revoking my parking privileges.

I understand that this request is for up to two vehicles identified above. The parking pass applies to these two vehicles only.

I understand that I may not transfer my parking pass to another student.

I understand that my vehicle may be searched while parked on school property.

Student Initials

I understand that I may lose my parking privileges if I am seen driving in an unsafe manner.

I will not use, or allow anyone else to use, a motor vehicle under my control for any illegal purpose, or in a way that creates a disturbance or a nuisance.

In accordance with the [Freedom of Information and Protection of Privacy Act](#) (FOIPPA), I authorize the Abbotsford Police Department to disclose to the Abbotsford School District any information about my driving record, and the School District may use this information to decide if I am fulfilling the responsibilities I have accepted under this agreement.

Parent Initials

Student Initials

Date: _____

Student name: _____ Signature: _____

(please print)

Guardian name: _____ Signature: _____

(please print)