



South Texas ISD

# Medical Professions

GRADES 9-12 | OLMITO

## PARKING PERMIT APPLICATION

DATE ISSUED

PARKING PERMIT #

STUDENT NAME

ADDRESS

CITY

STATE

ZIP CODE

DRIVER'S LICENSE NUMBER

INSURANCE POLICY #

List of Vehicle(s)

Model

Year

Color

License Plate Number


I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND THAT I WILL OBEY ALL OF THE TRAFFIC LAWS OF THE STATE OF TEXAS. I FURTHER AGREE TO ABIDE BY ALL OF THE RULES AND REGULATIONS OUTLINED IN THE STUDENT CODE OF CONDUCT HANDBOOK OF STISD MEDICAL PROFESSIONS.

STUDENT SIGNATURE

PARENT SIGNATURE



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## **PARKING PERMIT GUIDELINES**

1. Present a valid driver's license.
2. Present a valid/current certification of liability insurance.
3. Submit a complete application with signatures to Mrs. Dina Romo at [dina.romo@stisd.net](mailto:dina.romo@stisd.net).
4. Permit is to be placed on the rear-view mirror facing out while vehicle is on campus.
5. Vehicle is to be parked in the designated parking lot.
6. Prior arrangements with parental written permission from both parents is required for any student passenger/s.
7. You must not permit an unauthorized student to drive your vehicle at any time.
8. Permits can be revoked for rule violations and unsafe driving and are subject to disciplinary action.

Note: STISD Medical Professions is a closed campus. When a student drives onto school property, he/she may not leave campus for any reason unless they have first cleared through the office. Also, a student is not allowed to go to the parking lot to their vehicle during the school day unless they have cleared with the office.