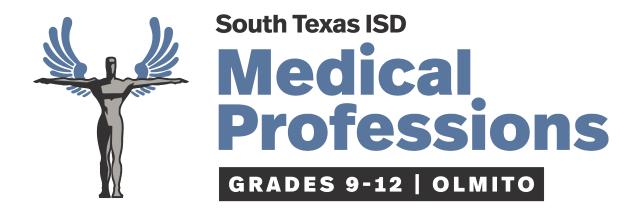


## PARKING PERMIT APPLICATION

DATE ISSUE		PARKING PERMIT #		
STUDENT NAME				
ADDRESS	Cl	TY	STATE	ZIP CODE
DRIVER'S LICENS		INSURANCE POLICY #		
List of Vehicle(s)				
Model	Year	Color	L	icense Plate Number
LAWS OF THE STATE O	OF TEXAS. I FURTH	HER AGREE TO	ABIDE BY ALL	L OBEY ALL OF THE TRAFFIC OF THE RULES AND DBOOK OF STISD MEDICAL
STUDENT SIGNATURE		<u>_</u> P	PARENT SIGNATURE	



## 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.
- 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.