Application for Student Parking Decal	Decal # Parking Space #
DATE:	
STUDENT'S NAME:	Replacement: Y N
STUDENT NUMBER: GRADE: R	Replacement Decal #
ADDRESS:	
CITY:ZIP:PHONE:	What to bring: Copies of the following document: 1. Current Driver's
DRIVERS LICENSE NUMBER:	License (Learners' License not
MAKE OF VEHICLE:MODEL:	acceptable)
YEAR:COLOR: LICENSE PLATE #:	2. Current Proof of Vehicle Insurance
VEHICLE OWNER'S NAME:	3.Current VehicleRegistration
UNWEIGHTED GRADE POINT AVERAGE (GPA):	4. Completed / Signed Application
ARE YOU INVOLVED IN EXTRACURRICULAR ACTIVITES AT CCSH?YESN	5. Signed Rules 6. Copy of College
LIST THE SPORT(S) YOU PLAY:	Schedule – Dual Enrollment
ARE YOU A DUAL ENROLLMENT STUDENT: YES NO	7. Grad. Information print out from
Each original student parking decal is $\frac{60.00}{1000}$, replacement decals are 10.00 . Every student will be assignation only be used by them and the decaled vehicle.	Virtual Counselor
APPLICANT'S STATEMENT I verify that I have read and understand the rules and regulations regarding the operation of my motor vehicle of around school property and I will always obey and abide by these rules. I understand that parking on campus is privilege which may be denied or revoked at any time for failure to abide by the school, driving, or parking rule without a refund. I understand that my vehicle is subject to search by school officials with reasonable suspicion time deemed necessary and the contents of my vehicle are my responsibility and my possession.	available at the school- incomplete packets will not be processed and you will
**Student must bring a Copy of Student Driver's License (Learners' License are not acceptable), Copy of current <u>Copy of Proof of current Vehicle Insurance with this application and Parking Rules signed in or issued a parking permit.</u> The vehicle that will be used MUST be present at time of issue, for decal installation.	
X Applicant's Signature X Parent's Name Printed	X
Applicant's Signature Parent's Name Printed VEHICLES WITH OFFENSIVE/DEROGATORY SYMBOLS AND/OR SIGNS WILL NOT BE ALL	Parent's Signature
Do Not Write Below This Line- (School Use Only)	
GPAOBLLICINSREGFINAL APPROVAL:	-
CURRENT INSURANCE CARRIER:EXPIRES:	-
CURRENT FLORIDA REGISTRATION EXPIRES:	
AMOUNT PAID \$:Cash/ Check RECEIPT NUMBER:	