

Student Parking Permit Application

PARENT/GUARDIAN MUST SIGN BOTH SIDES OF THIS FORM

Please return completed form and \$25 payment to the Business Office with copies of:

- Current Insurance Card
- Current Vehicle Registration
- · Valid Driver's License

Parking on the P.K. Yonge Campus is limited to faculty, staff, students, interns, volunteers and some visitors with official business on our campus. The parking lot will be checked for parking decals and passes. We will not allow people to park at P.K. Yonge and walk to other parts of the University of Florida campus.

Date		Parking Decal #				
Name				Grade		
Address				Zip		
Student's Phone Number ()	Tag Number				
Vehicle Make	Model	Yea	r	Color		
Insurance Company		Policy N	No			
Emergency Contact Inf	ormation					
In case of emergency, please	e contact:					
Name		Relatio	nship			
Home Address		City		Zip		
Telephone Cell ()		Work ()			
If the above cannot be reach	ed, please contact	t:				
Name		Relatio	nship			
Home Address		City		Zip		
Telephone Cell ()		Work ()			
Printed Name:		Phone	e#			
Parent/Guardian Signature: _				Date:		





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Student Code of Conduct: **DRIVING/PARKING ON CAMPUS** (This form must be completed each academic year.)

Campus parking is a privilege afforded to students who possess a valid driver's license and show exemplary character and responsibility.

Examples of exemplary character and responsibility include promptness to school and class, consistent attendance, behaviors that are conducive to teaching and learning. In order for students to maintain parking privileges, they must meet the expectations for behavior as described in the Code of Student Conduct. Seniors are afforded preferential parking and this privilege comes with added responsibilities.

In order to be allowed to park on campus, a student must:

- 1. Show valid driver's license
- 2. Provide current insurance card
- 3. Provide current vehicle registration
- 4. Pay \$25 fee

By signing below:

	I certify that I have read the "Driving/Parking on Campus" sect Conduct. I understand the expectations described in the of Stureviewed them with my child/parent/guardian.				
	understand the responsibilities and rights that pertain to parking privileges at P.K. Yonge.				
	I accept that parking privileges may be revoked at the discretic any time.	on of school administration at			
Stude	nt Signature:	_ Date:			
Paren [.]	/Guardian Signature:	_ Date:			