

Samueli Academy Student Parking Permit Application and Agreement

Student's Last Name_		First Name	
Driver's License #	Veh	nicle License Plate #	·
Make	Model	Color	Year
Insurance Company N	ame	Policy #	
Registered Owner's Name		Phone	
Being a student in god	od standing at Samueli Acade	emy; I agree to the following	provisions:
 I will comply very campus at all I agree to main I understand of Department of Campus. I will follow and I will not park I will not park All vehicles are All vehicles pare All view on residual view	with all laws of the California times. Intain current insurance and that all vehicles are parked a of Education is/are not respond obey all instructions from anywhere along the access in staff/visitor parking space in staff/visitor parking space in staff/visitor parking school arked on campus during school arked on campus during school arked on the access in germits are non-transferents may not be altered in any the above rules and agree the	registration on the vehicle. t my own risk. Samueli Acadensible for damage or loss to School Administration, Cameroad (fire lane) around the sees. of officials or police. of hours must display a park y permit in this location may able and must be renewed ear way and the full permit nument if I violate any of the above	chool or in a red zone. sing permit. Permit must be displayed in result in a citation and/or towing. ach school year.
Student Signature	<u>:</u>	Date	
Parent Signature		Date	
Please attach:			
Copy of C	urrent and Valid California D urrent and Valid Automobile urrent and Valid Automobile	Registration	