

Cold Spring Harbor High School

PARKING PERMIT APPLICATION 2015-2016

(SENIOR)

STUDENT'S
NAME _____

ADDRESS _____

DESCRIPTION OF VEHICLE(S):

1) _____
Plate # Year Make Color Office Use

Owner(s)

2) _____
Plate # Year Make Color Office Use

Owner(s)

NOTICE: The acceptance of the parking privilege granted by this applicant constitutes a Full release by the grantee to the Board of Education, Central School District 2, for any/all responsibility for loss of, or damage to, any automobile or any other personal property unless such loss or damage shall be caused by the negligence or intentional misconduct of said Board of Education, its agents, or employees.

PARENT PERMISSION

I am the parent or legal guardian:

Student's Name

Parent's Signature

Date