



PHOENIXVILLE AREA HIGH SCHOOL

**PARKING PERMIT APPLICATION
2022-2023 SCHOOL YEAR**

IN ORDER TO OBTAIN A PARKING PERMIT, IT IS NECESSARY FOR YOU TO:

- FULLY COMPLETE THE FOLLOWING APPLICATION
- PROVIDE A COPY OF A VALID DRIVER’S LICENSE, REGISTRATION, AND INSURANCE

Date of Application _____ (*Applications will not be accepted prior to 8/29/22*)

Graduation Year _____ Student ID# _____

Last Name _____ First Name _____

Complete Home Address _____

Description of Primary Vehicle to be driven to school:

- Make, Model, and Color

- License Plate # _____

Insurance Information:

- Name of Insurance Carrier _____
- Policy Number of Insured _____

I understand that by signing below, I am certifying that the above information is true to the best of my knowledge, that I will abide by the rules and regulations associated with the privilege to park in the Phoenixville Area School District. Vehicles may be searched if an administrator has reasonable suspicion that the vehicle contains items that are illegal or violate school rules. Additionally, random canine searches may be conducted in student parking areas. Parking may be revoked if a student is excessively tardy, recklessly driving, or for discipline infractions. I understand that my failure to abide by the rules and regulations associated with this privilege may result in the suspension of my parking privilege and the forfeiture of any fees paid.

SIGNATURE _____ DATE _____

STUDENT: DO NOT WRITE BELOW THIS LINE

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License/Owner’s Card/Insurance Card Copy Attached: Yes _____ No _____

Issue Date: _____ Permit No. Assigned: _____