

**HATBORO-HORSHAM HIGH SCHOOL
STUDENT PARKING PROCEDURES and ENFORCEMENT GUIDELINES**

I have read the Student Parking Procedures and Enforcement Guidelines and completely understand the privileges I have been afforded as a licensed driver, parking on the property of the Hatboro-Horsham School District. I understand that Hatboro-Horsham High School and the Hatboro-Horsham School District are not liable for theft from or damage to the vehicle while it is parked on school property.

Student Name (please print) _____

Student Signature _____

Parent/Guardian Statement:

I have read the Parking Procedures and Enforcement Guidelines and accept and approve Hatboro-Horsham High School and the Hatboro-Horsham School District's responsibility to enforce them. I understand that by signing this application I am giving my child permission to drive to and from school.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

**** REMEMBER TO INCLUDE A COPY OF YOUR
LICENSE, REGISTRATION AND PROOF OF INSURANCE
WITH THIS DOCUMENT****

OFFICE USE ONLY BELOW

Permit/Parking Space Number _____ Date Issued _____

Payment/ Method (circle one) **Cash** **Check** **Money Order**

Information Received By _____

- Application Complete
- Driver's License
- Registration