

Student Parking Information

Parking Pass # _____
(Main office use only)

Last Name

First Name

Grade

Vehicle Make

Vehicle Model

Color

License Plate Number

Plate Type (loon, UMaine, chickadee, etc.)

Parent(s) or Guardian(s) Name: _____

	Yes	No
I drive to Paths	_____	_____
I am a member of student rescue.	_____	_____
I am a volunteer fire firefighter.	_____	_____

When parking on campus of CEHS, I agree to all terms and conditions that are written in the Family Handbook. I further agree to abide by ALL SCHOOL PARKING REGULATIONS and follow municipal regulations. I understand that if I accrue parking violations, drive recklessly, disregard school rules and policies, or am habitually tardy that I will forfeit my right to campus. In addition, I understand that I am to park in STUDENT DESIGNATED AREAS. Failure to comply will result in school consequences, ticketing and/or towing.

Student signature

Date

Parent signature

Date

This form needs to be signed and returned with a check payable to CEHS for \$50 to the Main Office in order to park on campus.