



STURGEON COMPOSITE HIGH SCHOOL

Sturgeon Public School Division #24

Phone: (780) 973-3301
Fax: (780) 973-3230
Email: schs@sturgeon.ab.ca
Website: <http://www.sturgeoncomp.ca>

30-24400 Hwy 37
Sturgeon County, AB
T8T 0E9

Parking Permit Application 2018 2019

Student Name: _____ Date: _____ Grade: _____

In order for your parking application to be considered and approved, you must print and complete this form to accompany your online vehicle information. If either part is incomplete, your application will be delayed.

Expectations and Agreements

Please read the information below. Initial beside each statement to indicate that you have **read and agree to obey** all the rules and expectations involved in parking at Sturgeon Composite High School.

	I understand that parking in the SCHS parking lot is a privilege and is provided as an opportunity to make life more convenient to me and my family.
	I understand that I will be expected to follow all of the laws associated with driving a vehicle in the province of Alberta and may be subject to a fine if I disobey those laws including when driving in the SCHS parking lot.
	I understand that sitting in vehicles or loitering in the parking lot is not permitted. It is expected that you are to be in class during the school during the day unless you are off campus for an appropriate reason. At no time are students to be in vehicles during class.
	I understand that participating in illegal or school prohibited activities and/or possessing or transporting illegal goods (e.g.: smoking, e-cigarettes, drinking, chewing tobacco, alcohol, drugs, weapons, going to an off property altercation) in my vehicle on school grounds may be subject to legal and/or school disciplinary action.
	I understand that my parking pass is non-transferable and only registered to the vehicles listed on my online form. If there is a change in my information, I must go to the school office to get it changed.
	I understand that my parking pass must be visible at all times in my vehicle (preferably hanging from the rear view mirror) and that I park only in the appropriate designated area.
	I understand that my attendance (lates or absences) and behavior (e.g.: in the parking lot) must not become problematic.
	I agree to follow all the rules and expectations above and if I fail to obey them, I may have my parking privileges suspended or revoked without refund.

Student name: (please print): _____ Date: _____

Student signature: _____

Parent or guardian name: (please print): _____

Parent or guardian signature: _____

Office Use Only

____ Approved ____ Not Approved

Administrator Signature: _____