



STUDENT PARKING AGREEMENT

I understand that I will only park in my assigned spot in the Gym parking lot. If I park in any unauthorized location, I understand disciplinary action will be taken at the discretion of the administrator.

DRIVING/PARKING LOT PROCEDURES

1. All students electing to drive to school must apply for a parking permit **each** school year. Cost is \$50 per school year** (**cash only**). License, registration and insurance card are needed to register.
2. SCVTHS parking permit sticker must be displayed on the driver side rear window.
3. Vehicles must be parked in their assigned white lined space.
4. Students are **PROHIBITED** from parking under the solar panels.
5. Upon arrival, students need to park and enter school; **Students are not permitted to remain in the vehicle or parking lot.**
6. Students may not loiter in the parking lot at any time during the school day.
7. Students may not leave school property at any time during the day.
8. All traffic rules and regulations are in effect in the parking lot.
9. Speed limit in the parking lot is 5 mph.
10. School buses have right-of-way; all drivers must yield to school buses.
11. Smoking or use of tobacco products in cars is strictly prohibited.
12. No pupil shall use his or her vehicle to contain or conceal anything illegal.
13. It is understood that students bringing their own vehicles to school do so at their own risk. **The school is not responsible for any damage to, theft of, or vandalism of any student vehicle.**

Student Name (Please Print)

CTE Program

Student Signature

Date

===== **FOR OFFICE USE ONLY** =====

Office Staff Member/Administrator

99900

Student ID#

Parking Permit#

Parking Space#

Date Rec'd

Amount \$ Rec'd



SOMERSET COUNTY VOCATIONAL & TECHNICAL SCHOOLS

P.O. Box 6350 • 14 Vogt Drive • Bridgewater, NJ 08807-0350 • (908) 526-8900 • www.scvths.org

VEHICLE REGISTRATION

STUDENT NAME: _____

SHOP SESSION: (CIRCLE ONE) **A** **B** **C** **CHECK ONE:** **SHARED-TIME** **FULL-TIME**

SENDING SCHOOL DISTRICT: _____

ADDRESS: _____

PHONE #: _____

OWNER OF VEHICLE: _____

OWNER'S ADDRESS: _____

INSURANCE COMPANY: _____

LICENSE PLATE #: _____

CHECK ONE: **AUTO** **TRUCK**

YEAR: _____ **MAKE:** _____ **MODEL:** _____ **COLOR:** _____

STUDENT'S SIGNATURE: _____

=====

FOR OFFICE USE ONLY

VERIFIED DRIVER'S LICENSE #: _____

COPY OF DRIVER'S LICENSE **COPY OF REGISTRATION** **COPY OF INSURANCE**

VERIFIED BY: _____ **DATE:** _____