

Parking Permit Application

DRIVER INFORMATION:

Name: _____ Birth Date: _____
Address: _____ Phone Number: _____
Student# _____
Driver's License #: _____ (Must present Valid CA Driver License)
License Expiration Date: _____

VEHICLE INFORMATION:

Car 1 Name of owner: _____ Year: _____ Make: _____
Address: _____ Car License #: _____
Registration Expiration: _____

Car 2 Name of owner: _____ Year: _____ Make: _____
Address: _____ Car License #: _____
Registration Expiration: _____

INSURANCE INFORMATION:

Car 1 Insurance Company: _____ Phone #: _____
Policy #: _____ Expiration Date: _____
Car 2 Insurance Company: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

All students are required to park on campus and only in spaces designated as student parking. Students are NOT permitted to park in STAFF designated parking spots. Students parking in areas that are not designated as student parking will be ticketed. All concerns regarding a received parking ticket must be directed to the Livingston Police Department at (209)394-7916, not MUHSD. In the event that parking becomes limited, student parking spaces will be available on a daily, first-come, first-served basis. Parent signature is required on all parking permits and all vehicles used must be listed.

REQUIRED HOLD HARMLESS AND INDEMNIFICATION: ALL PERMISSIVE USERS AGREE BY THEIR SIGNATURE BELOW TO HOLD THE DISTRICT, ITS GOVERNING BOARD AND THE INDIVIDUAL MEMBERS THEREOF AND ALL DISTRICT OFFICERS, AGENTS AND EMPLOYEES FREE AND HARMLESS FROM ANY LOSS, DAMAGE, LIABILITY, OR EXPENSE THAT MAY ARISE.

DRIVER STATEMENT:

I certify that I hold a valid California Driver's License and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

I have read and understand the above guidelines for Merced Union High School Parking Permits.

Student Signature _____

Parent Signature _____