

I, \_\_\_\_\_ request a driving permit in order to park and drive on school property. I fully understand that I must **drive safely**, and I further understand that **I will only park my vehicle in the area designated for students**. This is the parking lot shared with the Thomas Shipman Youth Center. If I do not park where I am assigned, or do not drive safely on school property, I will have my permit revoked. No student parking will be allowed without a permit affixed to a car window. Please fill out the application and return it to the High School Principal's office for consideration.

NYS Driver's License # \_\_\_\_\_

License Plate # \_\_\_\_\_

Make & Model of Car \_\_\_\_\_

I agree to abide by the driving/parking rules of the Lake Placid Central Schools.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Permit # Assigned