

BALLSTON SPA HIGH SCHOOL
Junior/Senior Parking Permit Application

****Turn application in to Mrs. Gitro in the Assistant Principal's Office for approval by August 10, 2023. IF APPROVED, you will be notified by email with the date and time you will be able to purchase your parking permit. **Please note: Turning in an application does NOT guarantee issuance of a parking permit. Applicants will be contacted either way and a meeting with Mr. Mattice may be required prior to approval. The parking permit fee is \$15 (cash or check made out to Ballston Spa School District).**

Student Name: _____ **Grade (2023-2024):** _____ **Student ID #:** _____

Eligibility Requirements (please check SchoolTool for attendance information):

Did you have any discipline referrals during the 2022-2023 school year?	Yes / No
If yes, were any of these referrals related to driving/parking in the student lots?	Yes / No / NA
Did you have any suspensions during the 2022-2023 school year?	Yes / No
Did you have more than 10 unexcused tardies during the 2022-2023 school year?	Yes / No
Did you have more than 5 unexcused absences during the 2022-2023 school year?	Yes / No
Are you currently in good academic standing?	Yes / No
If yes to any of the above, please explain:	

Student/Parent Information:

Student email (required - *Provide email you check regularly*): _____

Parent Name: _____ Parent Phone Number: _____

Parent email: _____

Vehicle Information:

Year: _____ Make: _____ Model: _____ Color: _____

License Plate Number: _____

Name of Person the Vehicle is Registered to: _____

Relationship to Student Driver: _____

****Please attach a photocopy of your driver's license****

By signing below, I acknowledge that I have read and understand the parking regulations at Ballston Spa High School and agree to abide by these regulations and accept responsibility for any violations and their consequences. I understand that the infractions listed on the "Ballston Spa High School Student Parking Guidelines" sheet could result in temporary or permanent loss of parking privileges for the remainder of the school year without refund of parking permit fees. I further understand that the school will not be liable if my vehicle is damaged on school property.

Student Signature: _____ Date: _____

I have read all the regulations on the "Ballston Spa High School Student Parking Guidelines" and will support them. I have also discussed each regulation with my child.

Parent Signature: _____ Date: _____

Administrator Approval: _____ Date: _____

For Office Use Only: Cash _____ Check # _____ Parking Spot/Permit Number: _____