



Gorham Middle & High School
120 Main Street, Gorham, NH 03581

GMHS PARKING PASS APPLICATION

Student Name: _____ **Grade:** _____

Vehicle Make: _____ **Vehicle Model:** _____

Vehicle Color: _____ **License Plate:** _____

Vehicle is Registered to: _____

Hangtag Received: _____ **Note: This is only for identification. Parking is first come, first serve.**

If a second vehicle may be used, please complete.

Vehicle Make: _____ **Vehicle Model:** _____

Vehicle Color: _____ **License Plate:** _____

Vehicle is Registered to: _____

Hangtag Received: _____ **Note: This is only for identification. Parking is first come, first serve.**

I understand that:

~ by signing this application, I am aware of and agree to adhere to all SAU 20 policies related to student parking on school grounds.

~ this permit is a privilege and may be revoked for failure to comply with policies.

~ I am responsible for clearly displaying my hangtag while my vehicle is parked on school grounds.

~ it is my responsibility to report any changes in vehicles that may occur during the school year.

~ my parking privileges may be revoked for a time that could extend through the remainder of the school year if I do not comply with the above.

Student Name

Student Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date