

KONAWAENA HIGH SCHOOL  
81-1043 Konawaena School Road  
Kealahou, HI 96750  
Ph. (808) 323-4500 Fax (808) 323-4515

**PARKING PERMIT  
AGREEMENT**

Decal # \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that I have read and agree to abide by the rules listed below in order to maintain my parking privileges for this school year. I understand that parking on campus is a privilege and that my failure to follow the rules listed may result in a total revocation of this parking privilege. Specifically, I agree to the following:

1. Be on time everyday. The gates to the student parking lot will be closed at 8:20a.m. each day. Students who are late must report to the VP office.
2. Display my registration sticker on my windshield.
3. Lock my car.
4. Leave the parking lot immediately upon arriving at school.
5. Remain out of the parking lot during the school day unless given permission by an administrator or security to go to my car.
6. Remain at school; do not leave campus without authorization.
7. Leave campus when authorized, if I am on early release. I will not take other students off campus with me. I will not return to school after leaving for the day.
8. Allow administration or security to search my vehicle if there is reasonable suspicion that a law or school rule has been violated.
9. Pay all expenses and fees if my car is towed out of unauthorized areas.
10. Operate my vehicle in a safe manner by abiding the speed limit and other rules. Any reckless driving can result in a complaint being filed with the police.

I understand that Konawaena High School is not responsible for any damages done to my vehicle. Further, I understand that these consequences may be levied for violations of this agreement:

- 1<sup>st</sup> violation - warning and parent notified
- 2<sup>nd</sup> violation - 2 weeks suspension of parking pass
- 3<sup>rd</sup> violation - revocation of parking pass for the year.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YEAR OF CAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_ GRADE: \_\_\_\_\_

**OFFICE USE ONLY**

Student Name: \_\_\_\_\_ Decal # \_\_\_\_\_

Date Issued: \_\_\_\_\_ By: \_\_\_\_\_ Cash or Check # \_\_\_\_\_

Expiration Date for:

Registration \_\_\_\_\_ Safety Check \_\_\_\_\_

Name of Insurance Co.: \_\_\_\_\_