

STUDENT VEHICLE PERMIT REGISTRATION CARD

School Year 20_____ to 20_____

Permit # _____

Student's

Name: _____
Last First

Address: _____

Phone # _____

Vehicle _____
(Year) (Make)

(Model) (Color)

(License Plate Number) (State)

The undersigned acknowledges and agrees that if School District Officials have reasonable suspicion that the vehicle located on campus contains contraband, items which violate state or federal laws or school rules, or other unlawful materials, the above referenced vehicle may be searched. The undersigned further acknowledges and understands that in the event of an emergency or imminent violence at the school, it may be necessary for School District Officials to search the vehicle in order to protect the safety of the student population and school personnel. The undersigned further understands and agrees to abide by the Louisburg School District's Parking Lot Rules and Regulations which are contained in the student handbook.

Circle Grade 9 10 11 12

Student Signature Date