

PARKING PERMIT APPLICATION AND VEHICLE REGISTRATION

The cost is \$100.00 per year(\$50 for 2nd Semester only) and NO REFUNDS will be issued

*You must complete the online process and pay through RevTrak *

Prepare the following items to **SUBMIT AS A PDF**

PHOTOS AND SCANNED DOCUMENTS ARE NO LONGER ACCEPTED

A & B requires 2 signatures: Student & Parent or Guardian

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| A. *Parking Application (available online)* | upload to HHSPARKING@paulding.k12.ga.us |
| B. *Parking Contract (available online)* | upload to HHSPARKING@paulding.k12.ga.us |
| C. Copy of a VALID DRIVER'S LICENSE | upload to HHSPARKING@paulding.k12.ga.us |
| D. Copy of VEHICLE REGISTRATION | upload to HHSPARKING@paulding.k12.ga.us |
| E. Copy of VALID INSURANCE PROOF | upload to HHSPARKING@paulding.k12.ga.us |
| F. Copy of RevTrak Receipt | upload to HHSPARKING@paulding.k12.ga.us |

An application will not be considered complete and cannot be processed without **ALL ITEMS** listed above complete with signatures, valid dates for proof of insurance and vehicle registration, a copy of the student's valid driver's license and **ALL ITEMS** submitted as a **PDF** to HHSPARKING@paulding.k12.ga.us.

CHECK ALL DATES ON SUBMITTED DOCUMENTS
EXPIRED DOCUMENTS WILL NOT BE ACCEPTED!!!!

All documents must be submitted to HHSPARKING@paulding.k12.ga.us

INSTRUCTIONS FOR FILING:

This application is for registering a vehicle by the student for the purpose of securing a parking space. Rules and regulations pertaining to on-campus parking and operation of a vehicle are contained herein. Completion of this application shall be construed as acceptance of the parking and operation rules and regulations. Students who elect to drive a vehicle shall complete this application. Applications will be subject to review and approval by the principal or a designee. Applications will be kept on file.

TYPE IN YOUR INFORMATION ON THE LINE PROVIDED, Upload required documents to HHSPARKING@paulding.k12.ga.us *You MUST pay online through RevTrak. NO CASH OR CHECKS ARE ACCEPTED*

_____	_____	_____	_____	_____	_____
ID #	LAST NAME	FIRST NAME	INITIAL	DOB	GRADE
_____		_____		_____	
Street Address/Apartment No.		Applicant's Driver's License Number		State	
_____	_____	_____	_____	_____	
Year	Make of Vehicle	Model (Name & No.)	Body Style	Color-Vehicle	
_____		_____		_____	
Vehicle Tag Number		Vehicle Insurance Company & Policy #		Vehicle ID #	

After reading and understanding the rules and regulations as stated on the reverse side, the undersigned acknowledges that permission to drive and/or park an automobile on the school campus is a privilege and not a right. In consideration for such privilege, the undersigned expressly consents to any searches of the above-described vehicle or any other vehicle driven by applicant. Administrators of the school may search the vehicle for any reason, at any time, while said vehicle(s) is on school property.

Signature of Driver/Applicant: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

TO BE COMPLETED BY THE SCHOOL:

Vehicle Registration, Driver's License and Insurance Verified By _____

Parking PERMIT/SPACE Number _____

Date Permit ISSUED _____

RevTrack - Amount Paid \$ _____