



ANNUAL STUDENT APPLICATION FOR The Dr. G. W. Williams SS PARKING PRIVILEGES

Student Name: _____

Home Phone Number: _____ Student Cell Number: _____

Vehicle Registered to _____
(Name)

Address: _____
(Street) (City) (Postal Code)

Car #1: _____ License Plate#: _____
(Make/Model) (Year) (Colour)

Car #2: _____ License Plate#: _____
(Make/Model) (Year) (Colour)

Students Must Be Aware Of The Following:

1. The Dr. G. W. Williams Secondary School, nor the York Region District School Board will be responsible for any damage caused while the car is parked at the school.
2. A parking place is not guaranteed.
3. Students must park in designated parking area only (South East Parking lot). Illegal student parking may result in a ticket, and/or tow, and/or a loss of parking privileges.
4. Students are to follow Ministry of Transportation rules while driving in and out of a school zone.
5. Student cars and parking lots are out-of-bounds during the school day. Any of the following may result in the loss of parking privileges: dangerous/careless driving; excessive noise; littering, loitering, or smoking/vaping in/around vehicles.
6. Students are only to be at their cars when they are arriving and leaving. Gatherings in and/or around vehicles may result in loss of parking privileges for the vehicle owner.
7. If the vehicle information above changes at any time during the year, the office must be informed. Failure to do so may result in a vehicle's removal at the owner's expense.

Note: The vehicle and the people who use it are the driver's responsibility. Students with cars may suffer the loss of their parking privileges due to the behaviour of their passengers.

The signature below confirms that the applicant has **READ, UNDERSTOOD AND AGREED TO ABIDE BY** the rules outlined for the use of the school's parking lot.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____