



WATERTOWN HIGH SCHOOL

324 French St., Watertown, CT 06795

Telephone: (860) 945-4810

Fax: (860) 945-3348

Mr. Thomas Hogrefe
Assistant Principal

Mr. Paul Jones
Principal

Mrs. Nicole Cote
Assistant Principal

I, _____, agree to adhere to the parking rules and regulations set forth by Watertown High School. I understand that failure to follow these rules may result in the loss of parking privileges, disciplinary action, and/or criminal charges.

(Print Student Name)

- Only students with valid permits may park on campus.
- **Parking in fire zones, handicapped zones, or bus loading zones is prohibited.**
- Parking is allowed in designated areas only. **IF YOU FIND AN ILLEGALLY PARKED CAR IN A SPOT---- TAKE DOWN THE LICENSE PLATE AND GIVE THE PLATE NUMBER TO Mrs. Bartlett in the Counseling Department.**
- Student parking in faculty or visitor parking areas is prohibited.
- A 15 mph **SPEED LIMIT MUST BE OBSERVED AT ALL TIMES.**
- **Pedestrians have the right of way at all times.**
- Students who drive recklessly or who leave the building without authorization to go to their car during the school day and/or allow other students to use their car may lose their parking permit without a refund.
- **Students caught selling or giving their permit to another student will lose their parking permit WITHOUT A REFUND.** A student cannot allow another student to "borrow" his or her permit.
- Violation of these rules may result **IN** parent notification, loss of permit, disciplinary action, suspension, or criminal charges.
- Static cling parking permit stickers are to be placed in the left corner of front windshield.
- Students parking on campus are subject to having their vehicle searched when reasonable cause exists.
- The school is not responsible for any damage done to a car or its contents while on District property.

Please be sure that you read and understand the rules and regulations outlined above before turning in this application.

Student Signature _____

Date _____

I, _____, have read and accept the provisions of the above parking policy for my student.

(Print Parent Name)

Parent/Guardian Signature _____

Date _____

DRIVE SAFELY



DRIVE RESPONSIBLY

Watertown High School is creating a rigorous and accepting place of learning for all students. We believe that our students will leave us better prepared for any success or challenge.





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Watertown High School Parking Permit Application

Personal Information

Name (First) _____ (Last) _____
Home Phone Number _____ Birth Date _____ Grade _____
Parent/Guardian Name _____ Parent/Guardian Work Number _____

Automobile Information

Make _____ Model _____ Color _____ Plate# _____
Insurance Company _____ Policy # _____

Paid: CASH _____ CHECK _____ CHECK# _____	Office Use Only
Permit Number: _____	

The cost of parking permits is **\$50.00**. There will be a **\$10.00** discount for any student who made the honor roll in 2015-16.

PLEASE BRING WITH YOU:

- COMPLETED APPLICATION
- A PHOTOCOPY OF YOUR VALID DRIVER'S LICENSE
- A PHOTOCOPY OF VALID INSURANCE CARD
- CASH OR CHECK FOR THE APPROPRIATE AMOUNT TO MRS. BARTLETT IN THE COUNSELING OFFICE.

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