



**Mark Malone**  
Principal

**Amanda Bauer**  
Vice Principal

**Rachel Trevino**  
Assoc. Principal

**Matt Atwell**  
Asst. Principal

**P.O. BOX 2217 UNIVERSAL CITY, TEXAS 78148-1217 (210) 357-2400**

### **2023-2024 Student Personal Transportation Agreement**

- All students who drive to and from school must have parental permission to do so.
- Students will provide accurate vehicle and insurance information to the school and will promptly update this information (when necessary) during the school year.
- All student automobiles must be parked in the designated area in their assigned spot. Students are *not* allowed to park in the parking areas directly in front of the school or in front of the fine arts building. Students may **ONLY** park in their assigned parking space and must display their parking permit at all times. If someone is parked in a student's assigned spot, the student will need to park in one of the unnumbered spaces in the stadium parking lot and report to the office immediately so that we may address the situation.
- Reckless and careless driving is not permitted on school property.
- Vehicles should remain locked at all times. The school district will not be held responsible for any theft or damage.
- If a student needs to leave school prior to regular dismissal time, Mrs. Camarce (210-357-2446) will need verbal permission from a parent/guardian on each occasion. Students will sign in/out in the front office.
- Students are not permitted to stay or return to their vehicles or loiter in cars at any time before/during/after the school day.
- Any infraction of school driving rules could result in suspension/revocation of driving privileges and/or additional disciplinary action.

I understand and agree to abide by the procedures outlined above.

\_\_\_\_\_  
 Student Name (Please Print)      Student Signature      Driver's License #      Grade      Date

### **Parental Permission to Drive / Vehicle and Insurance Information**

I give my child permission to drive to and from Randolph High School. I have read and understand the Student Personal Transportation Agreement and understand that if my child violates any of the procedures listed above, that he/she may have driving privileges suspended or revoked.

\_\_\_\_\_  
 Parent/Guardian Name (Please Print)      Parent/Guardian Signature      Date      Phone/Contact #

\_\_\_\_\_  
 Year      Make      Model      Color      State      License Plate

\_\_\_\_\_  
 Automobile Insurance Carrier      Policy Number

**\*IN ORDER TO RECEIVE A PARKING PERMIT YOU MUST SUBMIT THIS COMPLETED FORM AND SHOW YOUR DRIVERS LICENSE ON YOUR ASSIGNED ROHAWIK RETURN DATE! \***

**For Office Use Only:**  
 Received By: \_\_\_\_\_  
 Assigned Parking Spot # \_\_\_\_\_