

SCHS PARKING PERMIT REGISTRATION

Students must have all outstanding fees paid before a permit will be issued

Name of Student (print): _____

Year in School (circle): SO JR SR

Preferred Parking Lot (circle): preferred lot cannot be guaranteed

Front Lot Parking - Green Back Lot Parking - White Football Parking - Red

Baseball Parking - Gray Free Parallel Street Parking - Yellow

Year _____ Make _____

Model _____ Color _____

Vehicle License Plate # _____

Driver's License # _____

(Student must have a valid driver's license in order to apply for a parking permit.)

Person to whom the vehicle is registered:

Name _____ Phone _____

Address _____

I, _____, have read, understand, and agree to abide by the
(Student Signature) rules and regulations for vehicles as stated in the student handbook.

STUDENTS

CONSENT TO PARTICIPATE IN DRUG TESTING PROGRAM FOR PARKING PERMITS

Please print.

Student _____

To be read and signed by the student-participant and his/her parent(s)/guardian(s):

We have received, and have read and understand, the District Drug and Alcohol Testing Program. We voluntarily agree that our child shall be subject to its terms for his or her entire school career (grades 9-12). We accept the method of obtaining breath and urine specimens, the testing and analyses of such specimen, and all other aspects of the program. The student-participant agrees to cooperate in furnishing urine specimens upon request.

We further agree and consent to the disclosure of the sampling, testing, and results as provided in the program. This consent is given pursuant to all state and federal privacy statues, and is a waiver of nondisclosure rights only to the extent of the disclosures required in the program.

Parent/Guardian

Date

Parent/Guardian Signature

Student Signature

Office Use Only: Issued Permit # _____ Space # _____

\$30.00 fee paid on ___ / ___ / ___ Book rental fees paid? ___ (initial)

Valid driver's license? ___ (initial)