

**Marion L. Steele High School
Parking Permit Application
2019-2020**

All student drivers parking on Amherst Exempted Village School District property must obtain a parking permit and follow the student parking rules outlines on page 24 of the Marion L. Steele Student/Parent Handbook.

Please review the following information before completing and turning in the application.

- Parking permits cost \$20. Make checks payable to the Amherst Board of Education.
- There is a limited amount of parking permits. Purchase is available to seniors first and juniors second. Any remaining permits will be made available for underclassmen to purchase.
- All student drivers who purchase a parking permit must also complete an Informed Consent Agreement for drug testing.
- Student parking permits must hang on the rearview mirror with the assigned number facing the windshield. If the pass is not visible, the student is subject to disciplinary action.
- A student's assigned parking space matches their parking permit number. Students must park in their assigned location at all times. Disciplinary action may take place and the car may be towed at the owner's expense.
- Students are not to share parking passes with other students.
- The speed limit on school property is 10 m.p.h. and any reckless driving is prohibited.
- Any vehicle brought on district property by a student may be searched when the principal/designee has reasonable suspicion to justify the search.

Student Name: _____ Grade: _____

Parent/Guardian Name: _____ Parent/Guardian Cell Number: _____

Address: _____ City: _____

Driver's License Number: _____ Name of Insurance Carrier: _____

Vehicle #1:

Make: _____ Model: _____ Color: _____

License Plate Number: _____ Year: _____

Vehicle #2:

Make: _____ Model: _____ Color: _____

License Plate Number: _____ Year: _____

I understand that parking on school property is a privilege and can be revoked for any violation of the Marion L. Steele Student Code of Conduct or other school rules.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Date Received: _____ Initials: _____ Drug Consent Form: Yes or No

Payment Type: Cash or Check #: _____ Parking Tag Number: _____