

Carroll County Public Schools High School

2021-2022 Parking Permit Application

For Office Use Only:

HS Permit #: _____

Date: ____/____/____

Cash or Check # _____

Amount Paid: _____

Initials: _____

What you need (copies of all documents will be kept in the main office):

- 1. Signed and Completed Parking Permit Application
- 2. A Copy of your Driver's License
- 3. A Copy of your MVA Vehicle Registration card- (NOT insurance card)
- 4. \$20.00 - Semesters One and Two / \$10.00- Semester Two only
- Payments are by cash or check only. Checks made out to CHS.
- Parking permits are available to 11th & 12th grade drivers ONLY

This payment is non-refundable. The school will not reimburse for lost parking privileges due to attendance, tardy, behavioral, or inappropriate driving issues.

Student Information: PRINT CLEARLY and LEGIBLY

Last Name: _____ First Name: _____ M.I. _____

Grade: ____ 11th CCCTC Student: Semester 1, 2 or Both _____ Work Release: Semester 1, 2 or Both _____

____ 12th Concurrent Student: Semester 1, 2 or Both _____

Driver's License #: _____

Make (Ford)	Model (Mustang)	Color (Black)	License Plate Number

Site-Based School Information:

1. The parking permit must be displayed by hanging from the rear-view mirror while parked on school grounds.
2. Students will vacate their vehicle immediately upon parking. Loitering in vehicles is grounds for revocation of the parking privilege.
3. The student driver will park only in the student parking lot (located on the side of the building closest to the gymnasium).
4. Student drivers will not interrupt the flow of bus traffic. They will follow the school busses from the school at dismissal.
5. **Please note that all vehicles are subject to search while on school property. Students are responsible for ensuring all contents in their vehicle adhere to CHS and CCPS school policies.**

Student & Parent Signatures:

I have read, understand and agree to support the parking regulations listed on the back of this form. I verify that the above information is true. I understand that my child's driving privileges could be revoked should he or she become academically ineligible or violate any of these regulations.

Student Name (print)

Student Signature

____/____/____
Date

Parent Name (print)

Parent Signature

____/____/____
Date