



T. DeWitt Taylor Middle-High School

100 E Washington Ave
Pierson, FL 32180
(386) 749-6800

Jonathan Pearce, Principal

(Office use only)
STICKER NUMBER

DRIVER INFORMATION

APPLICATION FOR PARKING

Last Name

First Name

Middle Name

Student ALPHA code

Grade

Driver's License #

Insurance Company

Policy Number

VEHICLE INFORMATION

Make of vehicle _____ Model _____ Year _____ Color _____ License plate # _____

If an emergency occurs that requires you to drive another vehicle to school, please report the vehicle change to **Mrs. Galarza** in the high school office immediately upon your arrival to school. (Temporary parking permits are valid only 1 day).

Please note the following:

- **Obligations must be fulfilled prior to purchasing a parking pass.**
- Parking at Taylor Middle-High School is a privilege **\$40.00 fee per sticker applies (non-refundable)**. Vehicle(s) must be properly registered.
- Parking on campus will be limited to those with parking stickers (displayed at driver's side bottom of windshield).
- The Administration of Taylor High School reserves the right to make any adjustments it deems necessary to enforce student parking regulations.
- **Vehicles are subject to search and students must adhere to the Student Code of Conduct and Discipline.**
- TAYLOR MIDDLE-HIGH SCHOOL NOR THE SCHOOL BOARD OF VOLUSIA COUNTY ARE RESPONSIBLE FOR ANY THEFT, FIRE, DAMAGE, VANDALISM AND/OR MISHAP THAT MAY OCCUR TO ANY VEHICLE PARKED ON THE CAMPUS OF TAYLOR MIDDLE-HIGH SCHOOL.

**In the event of an evacuation, students who drive will be dismissed to their vehicles for immediate departure from school grounds.*

	Student Initials	Parent Initials
I will park in my assigned numbered parking spot. (Vehicle subject to towing at owner's expense.)		
I will not use my vehicle as a locker.		
I will not loiter in a vehicle and/or parking area.		
I will be escorted to PASS (<i>in-school suspension with referral written</i>) and remain there for the day if found in parking area without permission.		
I will not allow another student to use my parking sticker or drive my vehicle.		
I will report to the front office to wait for the start of my class, if applicable.		
I will not blare music, honk horn and or make any unnecessary noises while on school campus.		
I will drive safely (not spin tires, not cross lanes etc.) into and out of school parking area.		

I have read and understand the application for parking at Taylor Middle-High School.

I understand that the failure to follow parking expectations will result in the revocation of the parking privileges.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

TMHS Administrator: _____

Date: _____

The heartbeat of Taylor Middle-High School is working together to achieve academic excellence, self-worth, and multicultural respect through a caring environment.