Luxemburg-Casco High School (Cost \$30.00)

Student Parking Permit Application 2023-2024

Please return to high school office

Student LAST Name (PLEASE PRINT)	Student FIRST Name		Student Phone Number	
Parent / Guardian Name (PLEASE PRINT)	9 .		Parent / Guardian Phone Number	
Address		City	Zip	
School Parking Regulations				
Students applying for and receiving permi				
MUST BE A VALID LICENSE	E DRIVER * STUDENTS AF	RE NOT ALLOWED TO	O SHARE PARKING PASSES*	
 All vehicles parked on school gr Current year permit must be clea 				
3. Current year permit must be cleated.4. If there are multiple student drive				
5. All STUDENTS MUST PARK	IN THE ATHLETIC COMP	LEX PARKING LOT.	iking i citiit Application.	
6. All vehicles must be licensed an			r the vehicle or its contents.	
7. There will be no speeding, over				
		grounds to believe that d	lrugs, alcohol, stolen property or other	
contraband might be present in t		Te ! ! 1 1 ! !!		
 Parking regulations are strictly e Suspension of parking privileges regulations occur. 				
10. If a student's permit is suspende	d, no fees will be refunded.			
Eligibility for Random Suspicionless	s Drug Testing			
All Luxemburg-Casco High School st	udents who apply for LC Hig	h School parking perm	nits must consent to random	
suspicionless drug testing. Students w				
which students will be selected at rand				
result in loss of parking privileges for	a period of six (6) months (1	st violation). That cons	sequence may be reduced by half	
(3 months) upon agreement of school	officials if the student adhere	s to an approved progr	ram of assistance designed to deter	
illegal drug use. Failure to submit to a				
must successfully pass a drug test at t	their own expense prior to re	rinstatement of parkin	g privileges.	
As a parent, I understand that my son are to be bound by the school parking suspicionless drug testing and give per results of said testing in the event he or equire the disclosure of directory data required by the testing facility to facility agreement is binding through my son or	regulations. I give my perm rmission for testing and the r r she is randomly selected. I to the testing facility and th tate the release of test results	ission for my son or datelease of information to understand the implement this may require me from the facility to the	ughter to participate in random of the district concerning the nentation of the program may to complete release forms	
Parent/Guardian's S	Signature			
			Date	
As a student, I understand that my parl parking regulations. I agree to particip understand the implementation of the particip this may require me to complete releast facility to the District. I understand the	pate in the random suspicional program may require the disc se forms required by the testi	ess drug testing in the closure of directory dat- ng facility to facilitate	agree to be bound by the school event I am randomly selected. I a to the testing facility and that the release of test results from the	