BLUFFTON HIGH SCHOOL
STUDENT PARKING REGISTRATION

Parking Tag Number _____

Student Driver _____ **Grade** _____

School ID Number _____ **(MUST BE INCLUDED)**

PRIMARY VEHICLE:

Year _____ **Make** _____ **Model** _____

Color _____ **License Plate Number** _____

SECONDARY VEHICLE:

Year _____ **Make** _____ **Model** _____

Color _____ **License Plate Number** _____

I have read and understand the rules for driving to/from and parking at Bluffton High School. I understand that as a condition of being issued a parking permit, I consent to the search of my vehicles and all containers inside the vehicle without individualized reasonable suspicion. I acknowledge I may be required to undergo and successfully pass random screening for alcohol, illegal drugs, or other banned substances as set forth in district policy. I am aware of the consequences for violating these rules as stated in the student handbook and/or Athletic Code of Conduct.

_____
Student Signature

_____
Parent Signature