



Zionsville Community High School

Parking Application

Today's Date: _____

Parking Tag ID# _____
(For office use only)

Student's Name: _____

Grade: 9th 10th 11th 12th

Car color/year/make/model (ex: Black/ 2016/ Toyota/ Camry)

License Plate #

_____/_____/_____/_____

For the safety of our students, we ask that our student drivers do the following:

- Please complete and sign this form.
- Please pay the prorated fee for the parking tag:
 - \$50.00 – Full Year
 - \$37.50 – October to end of school year
 - \$25.00 – January to end of school year
 - \$12.50 – April to end of school year
- Please display the tag on your rearview mirror with the ID number facing outward.
 - Please ensure that this tag remains clearly displayed at all times.
 - A lost parking tag can be replaced in the Main Office for \$10.00.
- Please read and uphold the expectations for parking and driving that are outlined in the student handbook.

I consent to the above rules and understand that upon violation of the above rules, I could lose my driving privileges or be towed at my expense.

I understand that a potential consequence for the violation of any school rule may result in the loss of my driving privileges.

Student's Signature: _____

Please make check payable to: ZCHS and please put "Parking" in the Memo line.

Check # _____
(For office use only)