SCHS PARKING PERMIT REGISTRATION

Students must have all outstanding fees paid before a permit will be issued

Name of Student (print):	
Preferred Parking Lot (circle): preferred	
Oversized vehicles will not be permi	tted in Senior parking or Football parking lots
Front Lot Parking – Green Back	Parking (Seniors only) – White
Football Parking – Red Baseball P	Parking – Gray Free Parallel Street Parking - Yellow
Year Make	
Model	Color
Vehicle License Plate #	
Driver's License #	
(Student must have a valid driver's li	cense in order to apply for a parking permit.)
Person to whom the vehicle is registered	d:
Name	Phone
Address	
I,, h (Student Signature) rules and regulation	have read, understand, and agree to abide by the ons for vehicles as stated in the student handbook.
	<u>STUDENTS</u>
CONSENT TO PARTICIPATE IN DRU	JG TESTING PROGRAM FOR PARKING PERMITS
Please print.	
Student	School Year
To be read and signed by the student-partici	
voluntarily agree that our child shall be subje We accept the method of obtaining breath and	and, the District Drug and Alcohol Testing Program. We cot to its terms for his or her entire school career (grades 9-12). d urine specimens, the testing and analyses of such specimen, and apparticipant agrees to cooperate in furnishing urine specimens
	re of the sampling, testing, and results as provided in the program. I federal privacy statues, and is a waiver of nondisclosure rights in the program.
Parent/Guardian	Date
Parent/Guardian Signature	Student Signature
Office Use Only: Issued Permit #	Permit Color Space #
\$30.00 fee paid on//	Book rental fees paid?(initial)
Valid driver's license?(initial)	