

# Luxemburg-Casco High School (Cost \$30.00)

## Student Parking Permit Application

2025-2026

Please return to high school office

Student LAST Name (PLEASE PRINT)

Student FIRST Name

Student Phone Number

Parent / Guardian Name (PLEASE PRINT)

Parent / Guardian Phone Number

Address

City

Zip

### School Parking Regulations

Students applying for and receiving permits fully understand their responsibility in the following rules:

1. MUST BE A VALID LICENSE DRIVER \* **STUDENTS ARE NOT ALLOWED TO SHARE PARKING PASSES\***
2. Current year permit must be clearly displayed on the rear-view mirror or in the lower left corner of the wind shield.
3. If there are multiple student drivers of any vehicle all drivers must complete a Student Parking Permit Application. Newly licensed drivers must purchase a permit at the full permit cost regardless of the number of days remaining in the school year.
4. **All STUDENTS MUST PARK IN THE ATHLETIC COMPLEX PARKING LOT.**
5. All vehicles must be licensed and covered by insurance. The school is not responsible for the vehicle or its contents.
6. There will be no speeding, over 5 miles an hour, or any form of reckless driving on the school grounds.
7. Student vehicles may be subject to search if there are reasonable grounds to believe that drugs, alcohol, stolen property or other contraband might be present in that vehicle.
8. Parking regulations are strictly enforced on all school property. It is considered a privilege to park on school grounds. Suspension of parking privileges, towing of vehicle and/or suspension from school may occur when violations of these regulations occur.
9. If a student's permit is suspended, no fees will be refunded.

### Eligibility for Random Suspicionless Drug Testing

All Luxemburg-Casco High School students who apply for LC High School parking permits must consent to random suspicionless drug testing. Students who want the privilege of parking on school property will become part of a pool in which students will be selected at random to be drug tested. Positive results of drug testing (evidence of illegal drugs) will result in loss of parking privileges for a period of six (6) months (1<sup>st</sup> violation). That consequence may be reduced by half (3 months) upon agreement of school officials if the student adheres to an approved program of assistance designed to deter illegal drug use. Failure to submit to a drug test will result in revocation of parking privileges for one (1) year. ***The student must successfully pass a drug test at their own expense prior to reinstatement of parking privileges.***

As a parent, I understand that my son or daughter's parking on school grounds is a privilege and therefore, agree that they are to be bound by the school parking regulations. I give my permission for my son or daughter to participate in random suspicionless drug testing and give permission for testing and the release of information to the district concerning the results of said testing in the event he or she is randomly selected. I understand the implementation of the program may require the disclosure of directory data to the testing facility and that this may require me to complete release forms required by the testing facility to facilitate the release of test results from the facility to the District. I understand this agreement is binding through my son or daughter's graduation from high school.

Parent/Guardian's Signature

Date

As a student, I understand that my parking on school grounds is a privilege and therefore agree to be bound by the school parking regulations. I agree to participate in the random suspicionless drug testing in the event I am randomly selected. I understand the implementation of the program may require the disclosure of directory data to the testing facility and that this may require me to complete release forms required by the testing facility to facilitate the release of test results from the facility to the District. I understand this agreement is binding through my graduation from high school.

Student's Signature

Date

**Please enter your vehicle information on the back of this form**

VEHICLE ONE **The vehicle most often used.**

Year	Make	Body Style	Plate #	Color
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VEHICLE TWO

Year	Make	Body Style	Plate #	Color
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## **ONE PERMIT PER STUDENT**

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*For Office Use Only*

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
Permit Number