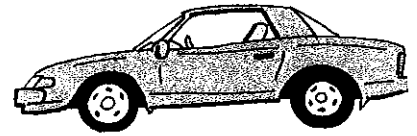


Please print all information clearly.

# Ashe County High School

## 2015-2016 Parking Application



**Student Parking is \$40.00 per year.**

Return the completed application along with the \$40 Parking Fee.

*\*You are not eligible for a parking sticker until your name is off the debt list.*

Student Full Name \_\_\_\_\_ Grade \_\_\_\_\_

NC

Lunch # \_\_\_\_\_

Driver License # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Fathers Full Name \_\_\_\_\_

Mothers Full Name \_\_\_\_\_

List the following Information on ALL cars you possibly could be driving.

(Example: If you might drive your Mom or Dad's car any time this year.)

	Make	Model	Year	Color	Tag
Car #1					

Registered to: \_\_\_\_\_

Car #2					
--------	--	--	--	--	--

Registered to: \_\_\_\_\_

Car #3					
--------	--	--	--	--	--

Registered to: \_\_\_\_\_

Car #4					
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Registered to: \_\_\_\_\_

**IMPORTANT:** If a car you drive is registered to someone other than yourself or your parent, please list their name below the car information.

**\*Your parking tag must be displayed from your mirror.**

**The school is not responsible for any loss or damage of vehicles or vehicle contents. Any vehicle parked on the Ashe County High School campus is subject to search by school administrators.**

ASHE COUNTY HIGH SCHOOL  
STUDENT DRIVER DRUG TESTING  
CONSENT FORM

A student driver and his/her parent/guardian must sign this consent form before the student driver is allowed to purchase a parking pass.

I, \_\_\_\_\_, have read and do hereby declare that I will be

*Name of Student*

a participant in the Board of Education approved policy on Drug Screening of student drivers. I authorize the school to administer drug testing and to release the results of the test to my parent(s)/guardian, school administration, personnel director, and the superintendent or his/her designee.

I, \_\_\_\_\_, as the parent/guardian have read and

*Name of Parent/Guardian*

consent to and authorize the Ashe County School System to conduct a drug test on my son/daughter; and to the release of information concerning the results of such test to me, school administration, personnel director, and the superintendent or his/her designee.

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Social Security #*

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Home Phone/Work Phone*

\_\_\_\_\_  
*Address*

**\*\* This form will accompany the form that the student driver fills out with car information (which will be handed out when the student driver comes to purchase the pass).**

**\*\* Students must have a valid driver's license in hand to purchase a parking pass.**