

Please print all information clearly.

# Ashe County High School

## 2021-2022 Parking Application



*Student Parking is \$40.00 per year.*

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

***\*Students must be cleared from ACHS debt list to be eligible for parking***

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: _____				

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

**Seniors** planning to paint their purchased spot, must complete and return additional contract with the restoration fee by the date on "Painted Parking Spaces" contract.

**\*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.**

**Parking fees are NON-REFUNDABLE**

**\*\*Back side must be completed with a parent signature\*\***

# Ashe County Schools

## 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 a participant  
Name of Student  
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)/guarding, school administration, personnel director, and the superintendent or his/her designee.

I, \_\_\_\_\_, as the parent/guardian have read and consent to and authorize  
Name of Parent/Guardian  
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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Address

\*\*Any vehicle parked on the Ashe County High School Campus or the Ashe Campus of Wilkes Community College is Subject to search by school administrators or SRO.

\*\*This form will accompany the ACHS parking pass application.

\*\*Students must present a physical copy of a valid driver's license in order to purchase a parking pass.

\*\*Students must maintain a valid driver's license at all times when parking on school premises.

\*\* Parking spaces may only be utilized by the student who purchased the assigned parking pass. Parking passes are non-transferrable and a student may not sale, trade, or allow others to park in their designated spot.