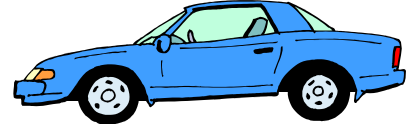


Please print all information clearly.

Ashe County High School

2019-2020 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: _____				

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. Students are advised to pick wisely, changing spots requires an additional purchase at the original rate, \$40.

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.

_____, _____ 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*

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.