

Parking Pass Application

If this application is approved, I understand that I am subject to all school rules including random drug testing. I understand that any violation on my part will result in my privileges being revoked. It is further understood that neither Paris High School nor the School Board shall be held responsible for damages incurred while on the school grounds or property.

Permit must be removed be	fore vel	nicle is in m	notion. This permit is r	non-refundable an	nd non-tra	ansferable.		
Student Name:								
Student Signature:	Date:							
I, the parent or legal guar revoked at the discretion	rdian o of the	f the above school.	e named student, ap	prove of this app	plicatio	n and und	erstand that all privileges will b	
Parent or Legal Guardian	n Name):		_				
Parent or Legal Guardian Signature:				_ Date:				
Student Name:				Grade:		Phone Number:		
Address:				Drivers License Number:				
			Ve	hicle Information				
			(Insurance	e Card must be attac	ched)			
Make:			Model:	Year:		Color:		
License Plate #: State:			Ins. Policy #:			Insurance Co.:		
Owners Name:			Address:			Contact Number:		
			Second	d Vehicle Information	on			
Make:			Model:	odel: Year:		Color:		
License Place #: State:			Ins. Policy #:			Insurance Co.:		
Owners Name:			Address:			Contact Number:		
			(Office Use Only:	I			
Permit #:		Date:		Paid By:			Amount:	

Parking Regulations

You are requesting the privilege to park on school property during the school day. Parking permits will only be issued to students with a valid driver's license and insurance at the time permits are picked up.

- Students may only park in the west parking lot. If someone is parking in the east lot, please report to the main office. Parking in unauthorized areas may result in you receiving a parking violation.
- You must display the permit from the rearview mirror. If you forget your permit, contact the office. Failure to display your permit or parking in unauthorized spaces may result in a parking ticket, the vehicle being booted or towed at the owner's expense.
- You are not authorized to allow anyone else to park in your space, to loan your permit, or re-sell your permit. PHS parking permits are **non-transferable and non-refundable.** Re-selling your permit is not allowed and all such sales will be voided and the permit confiscated with subsequent forfeiture of your parking permit and result in disciplinary action.
- You are required to obey all Illinois driving regulations: there is a **10MPH speed limit** on campus, stop at all stop signs and crossovers, stop for buses loading and unloading, respect pedestrians and walk on sidewalks, no littering, report all accidents to the office, and drive in a safe manner. Failure to stop your vehicle if directed to do so by a staff member will result in fines, suspension, or revocation of your parking permit.
- Your school record can affect your parking privileges. Student behavior during the course of the day and your academic performance as well as your attendance can affect your parking privileges. You must be in good standing in all of these areas to maintain your parking permit.
- You must not leave school grounds without checking out, nor should you transport other students
 who have not checked out. Doing so will affect your parking privileges and will result in
 disciplinary action.
- You may not go to your car during the day without permission and signing out in the main office.
- All parking violation fees are \$25.00; if your vehicle is booted, \$50.00; if towed, current charges by the towing company. Permit replacement fee is \$10.00 Permit fees are **non-refundable.**
- If you incur a fine, you will have 14 days from the date of the ticket to pay your fee. Failure to do so may result in a loss of parking privileges or administrative sanctions until the fine is paid.
- Student vehicles on school grounds may be searched when there is reasonable grounds to believe that they contain illegal items or are in violation of any parking regulations.
- All students who are issued a parking permit are subject to the school's random drug test policy. If a positive test is found, parking will be revoked for 2 weeks. A one time reduction in penalty (1 week) will be applied if the student agrees to attend counseling and/or educational programs as designated by the School District.

incurred as a result of my violations of the regulations.									
Student Printed Name	Student Signature	Date							
Parent Printed Name	Parent Signature	Date							

I have read and agree to comply with the parking regulations. I agree to pay any and all fines levied and all expenses

PLEASE RETURN THIS SIGNED FORM WITH APPLICATION