Ashe County High School



2020-2021 Parking Application



Student Parking is \$20.00 per year.

Return the completed application along with the \$20 Parking Fee.

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

| Student Full Name | | | | | Grade |
|-------------------|----------------|-------------|---------------|--------------|-------------|
| _unch # | | Driv | ver License # | | |
| Mailing Address | | | | | |
| _ | | | | | _ |
| Fathers Full Name | | | | | |
| Mothers Full Name | | | | | |
| List the follow | ving Informat | ion on ALL | cars you po | ssibly could | be driving. |
| (Example: If | you might dr | ive your Mo | om or Dad's | car any time | this year.) |
| - | Make | Model | Year | Color | Tag |
| Car #1 | | | | | |
| _ | Registered to: | - | | | |
| Ī | | | | | |
| Car #2 | | | | | |
| | Registered to: | | | | |
| Γ | | | | | |
| 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.

<u>Seniors</u> 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 will not be refunded.

Ashe County Schools

STUDENT DRIVER DRUG TESTING CONSENT FORM

| A student driver and his/her parent/guardia | n must sign this consent form | n before the student driver is allowe |
|---|--------------------------------|---------------------------------------|
| to purchase a parking pass. | | |
| , | have read and do hereby do | eclare that I will be a participant |
| Name of Student | | · |
| n the Board of Education approved policy on the Board of Education approved policy or administer drug testing and to release the repersonnel director, and the superintendent | esults of the test to my parer | |
| , Name of Parent/Guardian | _ as the parent/guardian hav | e read and consent to and authorize |
| concerning the results of such test to me, so or his/her designee. | chool administration, personr | nel director, and the superintendent |
| itudent Signature | Date | Contact Phone Number |
| | | |
| arent/Guardian Signature | Date | Contact Phone Number |
| rarent/Guardian Signature | Date | Contact Phone Number |
| | Date | Contact Phone Number |
| Parent/Guardian Signature Address | Date | Contact Phone Number |

^{**}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 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.