

**Marion L. Steele High School**  
**Parking Permit Application**  
**2020-20201**

All student drivers parking on Amherst Exempted Village School District property must obtain a parking permit and follow the student parking rules outlined on page 26 of the Marion L. Steele Student and Parent Handbook.

Please review the following information before completing and turning in the application.

- Parking permits cost \$25. Make checks payable to the Amherst Board of Education.
- There is a limited amount of parking permits. Purchase is available to seniors first and juniors second. Any remaining permits will be made available for underclassmen to purchase.
- All student drivers who purchase a parking permit must also complete an Informed Consent Agreement for drug testing.
- Student parking permits must hang on the rearview mirror with the assigned number facing the windshield. If the pass is not visible, the student is subject to disciplinary action.
- A student's assigned parking space matches their parking permit number. Students must park in their assigned location at all times. Disciplinary action may take place and the car may be towed at the owner's expense.
- Students are not to share parking passes with other students.
- The speed limit on school property is 10 m.p.h. and any reckless driving is prohibited.
- Any vehicle brought on district property by a student may be searched when the principal/designee has reasonable suspicion to justify the search.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Name of Insurance Carrier: \_\_\_\_\_

**Vehicle #1:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Year: \_\_\_\_\_

**Vehicle #2:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Year: \_\_\_\_\_

I understand that parking on school property is a privilege and can be revoked for any violation of the Marion L. Steele Student Code of Conduct or other school rules.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_ Drug Consent Form: Yes or No

Payment Type: Cash or Check #: \_\_\_\_\_ Parking Tag Number: \_\_\_\_\_