

**LHS Student Parking Permit Form**  
**Permit/Parking Spot \_\_\_\_\_**

Student Name (PRINT) \_\_\_\_\_ Grade \_\_\_\_\_  
Drivers License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

☐ Check if insurance is on file (make a copy) ☐ Check if Licence is on file (make a copy)

<b><u>1st Vehicle</u></b> Make (ex. Honda) _____ Model (ex. Escape) _____ Color: _____ Year: _____ License Plate #: _____	<b><u>2nd Vehicle</u></b> Make (ex. Honda) _____ Model (ex. Escape) _____ Color: _____ Year: _____ License Plate #: _____
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<b><u>3rd Vehicle</u></b> Make (ex. Honda) _____ Model (ex. Escape) _____ Color: _____ Year: _____ License Plate #: _____	<b><u>4th Vehicle</u></b> Make (ex. Honda) _____ Model (ex. Escape) _____ Color: _____ Year: _____ License Plate #: _____
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**ELIGIBILITY:**

- Students must be seniors, juniors or sophomores for the current school year
- Students may be denied the privilege to park based upon attendance, discipline, and/or parking/driving incidents
- Students must have cleared all financial obligations

**LOSS of PRIVILEGE:**

Student behaviors including, but not limited to the following list may result in loss of parking privileges for the remainder of the current school year and/or the ability to park during the following school year

- Being tardy more than 10 times per semester throughout the school day
- Leaving the school grounds and/or taking others with you in your vehicle during the school day
- Being deemed truant according to the state of Alabama (7 unexcused absences)
- Financial obligations which have not been paid in a reasonable period of time
- Having two or more parking violations on school lot/Dangerous driving in the lot

**CONSENT TO SEARCH:**

By executing this Parking Permit Application I/we hereby consent to the search, by school officials or law enforcement, of any vehicle I/we park on school premises. I/we will open the vehicle to search upon demand by the school officials or law enforcement. Refusal to allow a search of my vehicle while parked on school premises will result in the revocation of any parking permit issued pursuant to this application.

**Drug Screening/Parking Privilege:**

Only students who agree to be tested on a random basis for illicit drug and alcohol use may obtain a Parking Permit. I agree by this application to read the Lincoln High School Drug Screening Policy and to abide by its terms including the requirement for me to be tested on a random basis.

**AGREEMENT:** My child and I have read and discussed the information regarding parking rules on this form. We realize that it is a privilege to park at Lincoln High School and this privilege can be revoked without the refund of the parking fee.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date