

Unexcused Absences _____

Parking Permit No _____

Tardies: _____

Amount Paid _____

Unserved Detentions: _____

Date: _____

Outstanding Obligations: _____

Office Use Only

**GEORGE ROGERS CLARK HIGH SCHOOL
APPLICATION FOR PARKING**

Student Name _____ Grade _____
First Middle Last

Address _____ Phone No: _____

Driver's License No. _____

(A copy of your Driver's license must be attached.)

The Name in which the vehicle is registered _____

Insurance company _____

**(A copy of your Proof of Insurance must be attached; also at time of pick-up,
you must show up-to-date proof of insurance.)**

Description of vehicle _____
Color Year Manufacturer License Number

🍏 Co-op 🍏 College Class Other _____

A valid driver's license, or an intermediate permit with an orange sticker indicating the student may drive alone during daylight hours, and proof of insurance must be shown before applying. If you hold only a driver's permit, you are ineligible to apply and ineligible to be on the waiting list. **All vehicles parked on school grounds are subject to search if the Principal deems that there is "reasonable suspicion."**

I have read, understand, and agree to comply with the school driving and parking regulations in the GRC Student Handbook.

SIGNATURE OF STUDENT

DATE

As a parent or legal guardian, I grant my permission for the above-mentioned student to apply for a parking permit at GRC. I am willing to assume the legal and financial responsibility for this student to operate a vehicle on school property. I have read the entire application, and all statements are factual.

SIGNATURE OF PARENT/GUARDIAN

DATE

- Must attach Drug Testing Consent Form, Copy of License, Copy of Proof of Insurance

DRUG TESTING CONSENT FORM

STUDENT AND PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING

School (Please Print) _____

Student's Name (Please Print) _____

Parent/Guardian Name (Please Print) _____

We have read and understand the Clark County School Board policy dealing with Use of Alcohol, Drug and other Controlled Substances for athletes/drivers.

I desire that _____ should be permitted to participate in any extracurricular, co-curricular activities and students who drive to school and use school parking facilities.

I hereby voluntarily agree, individually and on behalf of _____, that my student is subject to the terms of this Board policy for as long as she/he exercises driving privileges or is a participant. On behalf of _____, and as a parent, I consent to the means and methods used to test under the policy and I waive any rights to nondisclosure of test records/information to the extent disclosure is required under the program and policy. I understand by signing this consent form I agree to be bound by the terms and conditions contained in Clark County Board Policy 09.423 and related applicable administrative procedures.

Student Participant Name _____ Date _____

Parent/Guardian _____ Date _____