Nolensville High School

Parking Pass Application

Parking Pass #

_____

To be filled in by office staff.

Parking Requirements: ***(Please initial by each section as you have read and understood them)***

____ : Only Students who have been assigned a parking pass by NHS staff may park on campus.

____ : Parking Pass prices are as follows: Seniors $10 ; underclassman $15

____ : The Current year's permit must be located on the rear view mirror so that the number is visible from the outside.

____ : Sale or transfer of permits between students or to any other car is prohibited.

____ : Cars may be parked only in student parking lots.

____ : Students are not allowed to go to their cars during school hours without a pass from the office.

____ : Students who leave campus without the school's permission will be subject to the loss of parking privileges, whether driving a vehicle or not.

____ : Parking violations, such as parking in the faculty lot, parking in a prohibited area like any non-designated parking space, speeding, driving on the grass or sidewalk, driving recklessly, or going the wrong way on a one-way street will result in the loss of the parking permit and/or Friday School/ISS.

____ : Students who drive to school and park on school property agree to the search of their vehicles by administrators who have "reasonable suspicion" that the car contains drugs, alcohol, weapons, or other items not permissible at school.

____ : All cars should be parked in a designated parking space during school hours and for all events. School administration reserves the right to tow (at the student's expense) any vehicle that is not parked properly. Friday School will be assigned to students parking in inappropriate places.

By initialing this form, you have agreed to have read and understood the parking rules and requirements for NHS and that you understand that any violation of the rules may result in negative consequences.

Student Name (Print) _____ Date: _____

Grade: (Circle one) 9th 10th 11th 12th

License Plate Number: _____ Car Make (i.e. Nissan, Ford): _____

Car Model (i.e. Maxima, F150): _____ Car Color: _____ Car Year: _____

Amount Paid: $_____ Cash / Check #: _____