

**PRESTON HIGH SCHOOL
PARKING PERMIT APPLICATION
PARKING FEE: \$50 Yearly**

STUDENT: _____ **WVEIS#:** _____

ADDRESS: _____

PARENT PHONE #: _____

Make _____ **Model** _____ **Color** _____ **Year** _____

License Plate # _____

REASON FOR DRIVING:

☐ **Work/Clinicals:** Employer's Name _____

Employers Phone Number _____

☐ **Sport(s)** _____

☐ **Family Obligation** _____

☐ **Other** _____

I hereby request permission for my student _____, to drive from _____
to Preston High School. I certify that no other student shall ride in or on this vehicle. My vehicle insurance is
presently in force through _____ Insurance Company. My Agent is _____.
My Policy # is _____.

I further agree that in the event of any accidents, injuries or vandalism, I will not hold Preston High School or
Preston County Schools responsible in any manner.

My child and I understand that the parking permit is to be displayed on the rear-view mirror and he or she is to
park in the assigned area.

**This Application must be approved by Administration and a parking tag issued before driving/parking
will be permitted.**

STUDENT SIGNATURE: _____ **DATE** _____

PARENT SIGNATURE: _____ **DATE** _____

For School Use Only

Grade: _____

Parking Permit # _____

Verified: **Registration** _____ **Insurance** _____ **GPA** _____ **Debts** _____

Preston High School – PARKING PERMIT CONTRACT

Students will be considered for permits only if a good cause is shown. A student must meet the following guidelines without exception to maintain a permit.

1. The student must be a licensed driver. **(Must show Driver's License when turning in application)**
2. Student drivers must follow all WV state driving laws including age related restrictions.
3. Students must have a minimum of a **2.0 GPA** at the time of the application and must maintain it or the permit will be revoked.
4. **Student must have no more than 5 unexcused absences per semester at the time of application and must not accumulate more than 5 unexcused absences or the permit will be revoked.**
5. Only one (1) sibling may ride with a permit holding student driver. Non-sibling passengers must have a **notarized agreement** on file with the school. (Only 1 student passenger permitted at any time with a permit holder)
6. The vehicle must be licensed and insured. (Must show proof of insurance and registration)
7. The student must submit to drug testing when selected. If a student tests positive for any illegal substances, the permit will be revoked.
8. **A \$50.00 yearly permit fee is required (\$25 for the second semester only).**
9. If driving privileges are revoked for any reason, permit fees will NOT be refunded.
10. All school debts must be paid prior to receiving a permit.
11. Students shall not be permitted to meet out of school persons with automobiles and either ride or sit in the auto during school time.
12. **Students are not permitted to leave school grounds for lunch or any other time during the day unless permission is granted by the parent and an administrator.**
13. Color-coded parking permits must be displayed on the rear-view mirror.
14. Students are reminded that their vehicle may be towed if parked without a permit.
15. Shuttle buses are provided for after school activities. The fact that a student is staying after school for study or activities is not in itself a reason for driving a vehicle to the school.
16. By obtaining a parking permit you are giving consent for your vehicle to be searched.
17. Violators who drive after privileges are revoked will be subject to disciplinary action and their vehicle may be towed at the owner's expense.
18. All-terrain vehicles are not allowed on school property.
19. Symbols, lettering, or insignia that may incite hatred, violence or disruption may not be displayed on vehicles while on school property.
20. Any violation of these regulations will result in disciplinary action and/or loss of permit.

****Preston County Schools and/or Preston High School will not be responsible for any accidents or damage to vehicles.**

I have read and agree to the above conditions. I understand that if I violate any of these conditions my driving privileges will be revoked.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____

PRESTON COUNTY SCHOOLS
INTERSCHOLASTIC ACTIVITY AND STUDENT DRIVER
DRUG TESTING-CONSENT FORM

Student's Last Name: _____ **First Name:** _____ **MI:** _____

I understand after having read the Student Activity and Student Driver Drug Testing Policy and Student Drug Testing Consent form, that out of case for my safety and health, Preston County School has adopted and shall enforce the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Preston County Schools extracurricular interscholastic activity or as a student driver, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being. As well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs any time while I am involved in in-season or off-season activities, I understand upon determination of that violation I will subject to the restrictions on my participation as outlined in the Policy.

Signature of Student: _____

Date: _____

We have read and understand the Preston County Schools Student Activity and Student Driver Drug Testing Policy and Student Drug Testing Consent Form. We desire that the student named above participate in the extracurricular interscholastic programs or has requested student driving privileges at his or her Preston County School and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples or swab testing and analysis of such specimens, and all other aspects of the program. Results of my drug testing will be kept confidential. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

Signature of Parent or Custodial Guardian: _____

Date: _____

Signature of Coach: _____

Team: _____

Medication List:

I, (_____) am currently taking or have taken the following drugs, substances, or medications in the last thirty (30) days. Medications must be legally prescribed for extracurricular activity students.

PRESTON HIGH SCHOOL
NOTARIZED AGREEMENT BETWEEN PARENTS
****THIS FORM MUST BE NOTARIZED****

This agreement is for those families that wish for their children, who live in separate households (and may or may not be related), to ride together in a private vehicle to and from assigned doctor's office/hospital and Preston High School during the school year. The driver accepts responsibility for liability for all passengers.

PASSENGER PERMISSION

I, _____ give permission for my child _____ to ride in a private vehicle to and from Preston High School with _____.

Parent Signature: _____ Date: _____

DRIVER PERMISSION

I, _____ give permission for my child _____ to transport _____
_____ to and from Preston High School in a private vehicle.

Parent Signature: _____ Date: _____

STATE OF WEST VIRGINIA

COUNTY OF _____

Taken, subscribed and sworn before me, a notary of said county, this _____ day of _____, 20__.

Notary Public

My Commission expires _____, 20__.

PRESTON HIGH SCHOOL

Permission for a sibling to ride with a legally permitted driver.

Date: _____

Sibling Name: _____

Name of Driver that has a Parking Permit: _____

PHS Permit # _____

Parent or Legal Guardian Signature: _____ Date: _____

**** Policy allows only one (1) sibling rider****