



# Zionsville Community High School

## Parking Application

Today's Date: \_\_\_\_\_

Parking Tag ID# \_\_\_\_\_  
(For office use only)

Student's Name: \_\_\_\_\_

Grade: 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Car color/year/model (example: black 2005 Toyota Camry)

License Plate # \_\_\_\_\_

For the safety of our students, we ask that our student drivers do the following:

- Please complete and sign this form.
- Please pay the prorated fee for the parking tag:
  - \$50.00 - Full Year
  - \$37.50 - 2<sup>nd</sup> 9 Weeks to end of school year
  - \$25.00 - 3<sup>rd</sup> 9 Weeks to end of school year
  - \$12.50 - 4<sup>th</sup> 9 Weeks to end of school year
- Please display the tag on your rearview mirror with the ID number facing outward.
  - Please ensure that this tag remains clearly displayed at all times.
  - A lost parking tag can be replaced in the Main Office for \$10.00.
- Please read and uphold the expectations for parking and driving that are outlined in the student handbook.

*I consent to the above rules and understand that upon violation of the above rules, I could lose my driving privileges or be towed at my expense.*

*I understand that a potential consequence for the violation of any school rule may result in the loss of my driving privileges.*

Student's Signature: \_\_\_\_\_

Please make check payable to: ZCHS and please put "Parking" in the Memo line.

Check # \_\_\_\_\_  
(For office use only)