

# SOUTHAVEN HIGH SCHOOL

735 RASCO ROAD WEST  
SOUTHAVEN, MS 38671



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*ASSISTANT PRINCIPALS*  
SHAMEKA BRADLEY  
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CAITLIN CLARK  
FRANKLIN DAVENPORT  
SHANNON MCBRIDE  
LATAUSHA WILLIAMS

*TEST COORDINATOR*  
MAC WILKIE

## PROVIDING A PATH TO SUCCESS

SHANE JONES, *PRINCIPAL*

### **2020-2021 Student Vehicle Parking Application — Cost: \$5.00**

**\*\*Must provide a copy of Insurance Card and Driver License\*\***

Name (please print)		Age	Grade		
Street	City	State	Zip		
Vehicle:	Color	Make	Model	Year	Tag #
Driver's License #		State	Vehicle Owner's Name		
Insurance Company		Insurance Policy #			

By signing below, I certify the above information is true. I agree that the privilege to operate and park a vehicle on school property is conditioned on my willingness to have my vehicle searched by school authorities at any time the vehicle is on school property. I also understand it is my responsibility to obey the 15 MPH speed limit on school grounds, to operate my vehicle safely going to and from school and all school events, to properly display the school parking pass, to park in designated areas, to make certain my vehicle does not contain drugs, weapons, or other articles prohibited by law or school rules, and to maintain legally required insurance on my vehicle. Finally, I understand that any violation of this agreement or other school rules can lead to the revocation of all parking privileges. I further understand that motor vehicles in violation of these regulations may be subject to towing at owner's expense.

Signed: \_\_\_\_\_  
Student Date

We, the parents/guardians of \_\_\_\_\_ hereby verify the information supplied above and understand and agree with the rules pertaining to the operation of vehicles by students of Southaven High School.

Signed: \_\_\_\_\_  
Parent(s)/Guardian Date

**\*If the vehicle is not owned by parent or student, the following consent and signature is required:**

I do hereby consent to random searches of my vehicle by school officials when my vehicle is on school grounds.

Signed: \_\_\_\_\_  
Owner of Vehicle Date

### Office Use Only:

Date Submitted: \_\_\_\_\_  
Parking Spot #: \_\_\_\_\_

Approved by: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_