



LEHIGHTON AREA HIGH SCHOOL
Lehighton, Pennsylvania



AUTOMOBILE REGISTRATION FORM
2017-2018

Date: _____ Parking Tag #: _____
 Student's Name: _____ License Plate #: _____
 Grade: _____ Block 1: _____ Driver's License # _____
 Make of Vehicle: _____ Year: _____ Color: _____

I hereby give my consent for _____ to drive to school.

I certify that sufficient insurance coverage is in effect to meet the minimum standard of the Commonwealth of Pennsylvania. It is understood that if the student fails to operate the vehicle in a safe and cautious manner on and in the vicinity of school property, or violates any school policy relating to traffic or parking lot procedures, this privilege will be revoked. Also, if a student is late to school 5 times he/she will lose the privilege to park on school property. Use of the student parking lot may subject the student's vehicle to search. This will occur only if there is a reasonable suspicion that contents in the vehicle constitute a threat to health, safety or welfare of the student(s) and/or occupants of the school building.

Please Note: This year we ask that each student who registers a vehicle and picks up a parking tag pay a \$10.00 fee to Assistant Principal for the parking permit. Tags should be displayed on the rear windshield.

All Vehicles on LASD property must adhere to the handbook regarding Vehicle Registration and conduct- violators will incur: a warning for the first offense, the second offense will result in a loss of parking privilege or police involvement. Tags are non-transferrable.

Parent/Guardian Signature

Student Signature