Parents are urged to read the following information with their child and discuss its content.

1. Your packet contains the following information:
   a. H.A.S.D. Parking Permit Policy
   b. H.A.S.D. Parking Permit Application
   d. H.A.S.D. Authorization for Student Vehicle Release During Crisis Situations

2. All information requested must be typed or printed legibly. If not legible, application will be denied.

3. Signatures are required on all forms. Signatures must be completed in the presence of school personnel on the days designated for the return of the applications. If parent/guardian cannot be available on those days, then the signatures must be notarized by a notary public.

4. Student will be required to present their driver’s license, registration card and current insurance card when returning the application packet.

5. Students over the age of 18 do not require parent’s signature.

6. Completed application packets will be accepted August 17th, 18th, 19th, 2021 at the Hazleton Area High School between the hours of 9:00 a.m. – 12:00 p.m. The only acceptable method of payment is check or money order made out to the order of H.A.S.D. in the amount of $5.00.
HAZLETON AREA SCHOOL DISTRICT
OFFICE OF SECURITY OPERATIONS

PARKING PERMIT POLICY

Areas affected by the parking permit policy in the Hazleton Area School District include the parking lots of Hazleton Area High School, Career Center, Hazle Township Early Learning Center, Maple Manor Elementary Middle School and Hazleton Area Academy of Sciences.

Please Initial:

Student Parent

_____  _____ A. All persons parking a vehicle on school property will be required to have a parking permit.

_____  _____ B. The fee for parking permits will be $5.00 (check or money order only)

_____  _____ C. Enforcement of parking violations will be by the school district Security Officers, Police Officers and designated school district employees.

_____  _____ D. Vehicles violating parking rules will be towed or booted at the owner’s expense with no prior warning.

_____  _____ E. Students who attend only the Hazleton Area High School will park in the student lot across from the Hazleton Area High School. Students that attend the Career Center will be allowed to park in the Career Center lot or student lot. NO students will park in the Hazle lot or any other lot in the high school complex.

_____  _____ F. If a student has a special need or a reason to leave school early, this must be documented with the school office and a special one day pass will be issued to allow parking in a designated area of visitor parking.

_____  _____ G. Vehicle must have insurance coverage with proof required.

_____  _____ H. If more than one vehicle is registered to the same family, and will be used, all vehicles must be registered with the Security Office.

_____  _____ I. Handicapped spaces are available with proper state permits but still require a H.A.S.D. parking permit.

_____  _____ J. Anyone using these premises assumes all risk of accident, and expressly agrees that the H.A.S.D. shall not be liable under any circumstances for any injury to person, loss or damage to property.
Parking Permit Policy (cont’d)

_____ _____ K. Vehicles parked on school district property are subject to search at any
time by school officials. Vehicle searches may be conducted on a random
and periodic basis without regard to any articulable suspicion or alleged
infraction of school rules.

_____ _____ L. Student will not loan their permit to other students.

_____ _____ M. Parking permits will be suspended or revoked for reckless driving or
causing a disruption in the parking lot (example: excessive horn blowing).

Student signature: ___________________________________________ Notary Seal

Parent signature: ___________________________________________
# Hazleton Area School District
## Office of Security Operations

**PARKING PERMIT APPLICATION**

<table>
<thead>
<tr>
<th>Date:</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Address:</td>
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<tr>
<td>Phone #:</td>
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<tr>
<td>Grade:</td>
<td>School:</td>
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<tr>
<td>Driver’s License #:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>First Vehicle</th>
<th>Second Vehicle (if applicable)</th>
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<tbody>
<tr>
<td>Make:</td>
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<tr>
<td>Model:</td>
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<tr>
<td>Color:</td>
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<td>License Plate #:</td>
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<td>V.I.N. #:</td>
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<tr>
<td>Vehicle Owner:</td>
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<td>Insurance Company:</td>
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<td>Policy #:</td>
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<tr>
<td>Amt. Paid for Permit:</td>
<td>$</td>
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</table>

I have received, read and agree to follow the H.A.S.D. Parking Policy

Student Signature: ________________________________ Notary Seal

Parent Signature: ________________________________
APPLICATION FOR SCHOOL PARKING LOT ACCESS

I, ____________________________, hereby agree to the below stated terms and responsibilities in connection with obtaining authorization to use the school parking facilities.

I understand that the parking lot is private property which is under the control of the school. I will prominently display the parking permit on the vehicle designated for access below. I agree that the authorized vehicle will not be used to transport or store contraband of any kind or use the lot in any way that will violate the school district code of conduct or criminal law.

I hereby understand and give the Hazleton area School District my consent to search the authorized vehicle when it is parked on school property.

______________________________________  
School Year of Authorization

______________________________________  
Student Name

______________________________________  (second vehicle, if applicable)
Parent/Guardian Signature

______________________________________
Vehicle’s Owner’s Signature

______________________________________  
Vehicle Description

______________________________________  
Vehicle Description

______________________________________  
Vehicle License Plate No.

______________________________________  
Vehicle License Plate No.

______________________________________  
School Representative

Notary Seal
AUTHORIZATION FOR STUDENT VEHICLE RELEASE DURING CRISIS SITUATIONS

In the event my child (children) has a personal mode of transportation at the school during a crisis, which includes but is not limited to: an evacuation from the school, an early dismissal, or an emergency dismissal from school.

I/we, _____________________________, give my consent that my son/daughter _____________________________, be allowed to use his/her personal mode of transportation for evacuation travel, early dismissal purposes, and emergency dismissal purposes, and to transport other immediate family members___________________________when possible.

I/we understand that officials, representatives, employees, designees and personnel from the Hazleton Area School District will try to dissuade my son/daughter from using his/her personal mode of transportation during a crisis which is near my home/neighborhood, along the route to my home/neighborhood, or in the immediate area of the Hazleton Area School District.

With that understanding, I/we do hereby release the Hazleton Area School District, its employees, officials, designees, representatives and personnel of and from liability in the event my son/daughter uses his/her personal mode of transportation during a declared crisis situation. Further, I/we agree to hold harmless and free of responsibility the said Hazleton Area School District, its employees, officials, designees, representatives and personnel from any damage or injury as a result of such use of personal mode of transportation by my son/daughter.

Parent/Guardian Signature ____________________________________________

Vehicle Make and Model ____________________________________________

Parent/Guardian Name (Printed) ______________________________________

Vehicle License Plate No. _____________________________________________

Date Signed _____________________________

School Year of Authorization _____________________________

NO, I do not give my son/daughter permission to use his/her personal mode of transportation during any of the above crisis situations.

Parent/Guardian Signature ____________________________________________

Parent/Guardian Name (Printed) ______________________________________

Date Signed _____________________________

School Year of Refusal _____________________________

Notary Seal