



North Mac High School

Molly Uhe-Edmonds, Principal
Muhe-edmonds@northmacschools.org
231 West Fortune Street
Phone: 217-965-4127/Fax: 217-965-4006

Permit # _____ Spot # _____

2022/2023 NORTH MAC HIGH SCHOOL STUDENT PARKING

I, _____, am applying for parking privileges at NMHS. I understand that I am not allowed to park in the faculty parking lot for any reason and am to park only in the designated student parking area. I also understand the following:

Students are not permitted to:

- Loiter in or around parked cars, before, during, or after school.
- Move or drive a vehicle off campus without permission from a school official during the school day.

Students must use safe driving practices at all times:

- Seatbelts must be worn at all times
- Texting while driving is prohibited
- Reckless driving—peeling of tires is prohibited
- Obey Speed limit signs -15 mph
- Obey other posted signs around the high school

I understand that failure to abide by these rules may result in my car being **towed at owner's expense**, loss of parking privileges, and or fines assessed to my student('s) account.

****By accepting parking privileges, I authorize district personnel to search my vehicle using this permit in accordance with the policy referenced in the Student Handbook under Interrogations and Searches and in the Parking subsections, which I have read and understand. If I do not cooperate with an authorized search, I understand that I will be subject to disciplinary action. The district assumes no responsibility for loss, theft, or damage to any vehicle.***

Brian Carman
Athletic Director
bcarman@northmacschools.org

Katie McQueen
Counselor
kmcqueen@northmacschools.org

Kristy Barnes
High School Secretary
kbarnes@northmacschools.org

Annette Edwards
Attendance Secretary
aedwards@northmacschools.org



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Date _____ Driver's License # _____

Applicant's Signature _____

Parent/Guardian Signature _____

Primary Car:

Registered Owner(s)

Name _____

Address _____ City _____

Make _____ Model _____ Color _____

License Plate # _____

Secondary Car:

Registered Owner(s)

Name _____

Address _____ City _____

Make _____ Model _____ Color _____

License Plate # _____

Office Use:

Permit # _____ Assigned Parking Spot # _____

PLEASE RETURN COMPLETED FORM, WITH PARENT/GUARDIAN SIGNATURE, TO THE OFFICE.

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