

Scott County High School

Parking Permit Application

For Office use only

• Front • Back

Permit# _____

Intermediate Permit or License MUST be presented before a pass is given

Please check all that apply to you

• Sr • Jr • Soph • CO-OP • Early Morning • ECS • Football

Student Name _____ Phone # _____

Primary Vehicle Make, Model, color: _____ License Plate# _____

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Upon accumulating any of the following; 50 unexcused class periods, 6 unexcused tardies to school and/or 3 or more Discipline Referrals, the permit will be revoked and may only be reinstated at the principal's discretion.

1. I understand that I will not be excused for any reason resulting from furnishing my own transportation. This includes transportation provided by parents, students or any other means NOT provided by the Scott County School System.
2. I verify that I am a 10th 11th or 12th grade student, **and I have a 2.0 or better GPA**-This GPA must be maintained all school year.
3. I have a valid Intermediate License or Kentucky Driver's License. This does not include beginner's permit
4. I understand the parking permit is for my use only and may not be used by another driver for any reason. *You may not use the permit on another student's car without permission from the principal or designee.*
5. I will park in the assigned student parking area. Failure to do so will result in disciplinary action and loss of parking privilege.
6. I understand that the parking area is not patrolled by school personnel and that the Scott County Board of Education is not responsible for any accidents, theft, or vandalism that might occur while parked on school grounds.
7. I understand that this permit may be canceled at the discretion of the school.
8. I understand that I am not to go to the parking lot without permission until the 3:50 dismissal bell has rung.
9. I understand that school officials have the right to search cars or personal property, if the officials have reasonable suspicion that the student may be in possession of drugs, weapons or any item that violates school rules or if there is an immediate danger to life or safety. Cars parked on school property are subject to searches by law enforcement drug dogs. These searches will occur at random times during the year.
10. I understand I am to place the permit within the front windshield (preferably hanging from rearview mirror) of my vehicle where it can be easily inspected from outside my vehicle.
11. All vehicles must be moved from the blue striped areas (band practice area) by 5:00 on Thursdays.
12. The SCHS campus is posted as an "authorized permit parking only", with a 15 mph speed limit campus wide. Unauthorized parkers will be issued a warning/disciplinary action by the principal or designee. Any violation of any traffic laws while on campus will result in a citation by the school resource officer.
13. I understand that I will **ONLY** park in the numbered spot assigned to myself. Parking in any other spot is in violation of SCHS Parking Code. *This spot is owned by Scott County Board of Education, and is not intended for private or personal use outside of school hours.*
14. **Must complete and sign a drug testing consent form before a parking permit will be issued.**

I have read, and agree to abide by the above conditions while parked on school grounds.

-Student Signature-

I have read the above and understand the conditions under which my son / daughter must abide by. If a permit is issued, failure to comply with the rules above may result in disciplinary action and loss of the parking permit. I am aware of the possibility of random drug searches by law enforcement agencies using drug dogs and grant permission for such searches to occur as a condition for obtaining this parking permit.

-Parent's Signature-

Parking is a privilege- not a right! Please DO NOT abuse your privilege.

Consent / Release Form

Extracurricular Activities Name (Please Print)

CONSENT TO TESTING OF URINE SAMPLES AND AUTHORIZATION FOR RELEASE OF INFORMATION

To: Scott County School District Board of Education, Athletic Director, Coaches, and Administrative Personnel

I hereby acknowledge that I have received a copy of the Scott County Drug Testing Policy and Procedures. I further acknowledge that I have read said policy, that it has been explained to me, and that I fully understand the provisions of the program, and agree to comply with the rules and regulations of the Scott County School District in this policy.

I hereby consent to have a sample of my urine collected and tested for the presence of certain drugs and substances in accordance with the provisions of the Scott County School District Drug Testing Policy and at other such times, as urinalysis is required under the program.

I further authorize you to make confidential release to the school principal, district superintendent or his/her designee, athletic director, my parent(s)/legal guardian(s), the head coach of any interscholastic sport in which I am a team member, and/or the drug counseling program, all the information and record, including test results, you may have relating to the screening or testing of my urine samples in accordance with the provision of the Scott County Drug Testing Policy, which is applicable to extracurricular activities of the Scott County School District. To the extent set forth in this document, I waive any privilege I have in connection with such information.

I understand that any urine samples will be sent to a laboratory designated by the Scott County School District for actual testing.

The Scott County School District Board of Education and its officers, administrators, employees, and agents are hereby released from responsibility for the release of such information and records as authorized by this form.

I certify that all information contained on this consent form is true and correct.

Printed Student Name

Student Signature

Date

We the parent(s) or legal guardian(s) of the above student, join in the above statement for the minor student.

Printed Parent Name

Parent Signature

Date