

**PRE-APPLICATION DUE  
JULY 12th, 2019**



Permit # \_\_\_\_\_  
(Office use ONLY)

**Parent/Guardian Parking Permit Acknowledgement and Authorization**

Please complete and return to the front office.

\_\_\_\_\_  
Student First Name                      Student Last Name                      Student #                      Graduation Year

**Points of Emphasis from NHHS Parking Permit Application (Requires Parent/Guardian Initials)**

- \* \_\_\_\_\_ **DRUG-TESTING ADMINISTRATION ACKNOWLEDGEMENT/CONSENT:** A signed Parent/Guardian and Student consent of Drug Testing Policy is a requirement to obtain a parking permit.
- \* \_\_\_\_\_ To acquire driving privileges, ALL student drivers must have passed 5 of 7 classes and have fewer than 16 absences for the previous school year.
- \* \_\_\_\_\_ To Maintain parking eligibility, the driver must continue to pass 5 classes and not miss more than 15 days of school.
- \* \_\_\_\_\_ If a Parking Permit is suspended for the remainder of the year or if the student has his/her driver license suspended for the remainder of the school, the parking permit is to be returned and NO REFUND will be given.
- \* \_\_\_\_\_ NORTH HALL HIGH SCHOOL IS NOT RESPONSIBLE FOR ANY ACCIDENTS THAT MAY OCCUR TO APPLICANT'S VEHICLE WHILE ON SCHOOL GROUNDS. DRIVING TO SCHOOL IS A PRIVILEGE, NOT A RIGHT.

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I HAVE READ AND TALKED WITH MY SON OR DAUGHTER ABOUT THE COMPLETE APPLICATION AND GUIDELINES FOR PARKING AT NORTH HALL HIGH SCHOOL. WE HAVE READ AND UNDERSTAND THE GUIDELINES, VIOLATIONS, AND CONSEQUENCES AS DEFINED BY THE NHHS PARKING PERMIT APPLICATION.

\_\_\_\_\_  
Parent/Guardian First Name                      Parent Guardian Last Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

Print Student Name \_\_\_\_\_

Student ID # \_\_\_\_\_



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**DRUG TESTING ADMINISTRATION ACKNOWLEDGEMENT/CONSENT FORM**

The Hall County Board of Education has authorized random drug tests for all student-athletes who participate in Georgia High School Association (GHSA) inter-scholastic athletics and all students who obtain a campus parking permit.

1. The student must present to the school administration a signed consent form, which authorizes the school to administer drug testing and that allows the results of the test to be released to parents or guardians, administrative officials, and the head coach. **(Note: A signed consent form is a requirement to obtain a parking permit and for participation in any interscholastic activity. Parents and students do not have the option of not participating in the drug screening program.)**
2. Random testing will take place at any time during the year with students chosen through lottery/random selection. Testing consists of providing a urine sample to these representatives of the firm administering the test. School personnel will supervise but not administer the test. Privacy will be protected. Specimens will be processed for identity and secured to ensure against tampering. Test results will be reported to the school through the proper chain of command. In case of a positive result, the parent or guardian will be notified.

Testing will be done by the Northeast Georgia Forensic/Toxicology Lab under the supervision of the Toxicology Program Manager.

This acknowledgement of administration and consent to allow participation in the random drug-testing program shall remain in effect until revoked in writing.

I acknowledge I have received a copy of the Hall County School System Drug Screening Procedures for Interscholastic Athletics and Permitted Car Drivers.

**Signature(s) of Parent(s) or Guardian(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Student-Permitted Car Drivers:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMERGENCY RELEASE \*\*OPTIONAL\*\***

If the principal determines that a school wide emergency release of students is necessary, the applying student and named siblings below have permission to leave campus in his/her vehicle.

\_\_\_\_\_  
Signature of Parent/Guardian

Please list and sign for (corresponding parent ) any siblings or daily carpool riders that are to be released with Parking Permit Holder.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_