

**Parent/Guardian Parking Permit Acknowledgement and
Authorization 2023-2024**

**Please complete this form, back and front and return to Deenah
Carlton as needed throughout the school year.**

Permit # _____
Cash/Check# _____
My Payment + _____
DL _____ Ins _____
(Office Use Only)

_____	_____	_____	_____
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 FORM ON BACK OF THIS SHEET:** A signed Parent/Guardian and student consent of Drug Testing Policy is a requirement to obtain a parking permit.

* _____ To acquire and maintain driving privileges, ALL student drivers must have passed 5 of 7 classes and have fewer than 16 absences for the previous school year. The student must also not miss more than 15 days of school in the current year.

* _____ 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.

I have read and reviewed with my son or daughter the information 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

- SEE PAGE 2

Student Signature



DRUG-TESTING ADMINISTRATION ACKNOWLEDGEMENT/CONSENT FORM

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

1. The student must present to the school administration this 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 inter-scholastic activity. Parents and students do not have the option of not participating in the drug-screen 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 those representatives of the firm administering the test. School personnel will supervise but will 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 my permission to leave campus in his/her vehicle.

Signature of Parent/Guardian

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

Last Name: _____ First Name: _____ Parent Signature: _____

Last Name: _____ First Name: _____ Parent Signature: _____

Last Name: _____ First Name: _____ Parent Signature: _____



<https://nhhs.hallco.org/web/>