



# Johnsonburg Area High School Parking Permit Application

Grade: \_\_\_\_\_

Student Driver: \_\_\_\_\_

**Vehicle #1** (most driven)

**Vehicle #2**

Year: \_\_\_\_\_

Year: \_\_\_\_\_

Made: \_\_\_\_\_

Made: \_\_\_\_\_

Model: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

Color: \_\_\_\_\_

**\*A copy of a valid driver's license must be provided**

**Student driving is a privilege.** By signing this form you understand parking at JAHS is a privilege and this privilege can be revoked at anytime, without warning, for violations to legal or school infractions. Some of these infractions include, but are not limited to:

- Behavior
- Academics
- Threats
- Tardies and absences
- Improper vehicle identification
- Leaving school grounds without permission
- Possession or use of weapons, drugs, tobacco, medications and/or alcohol
- Unsafe driving practices on school grounds
- Parking in the improper space
- No current/valid drivers license

\*\*\*\*\*

The Administration reserves the right to search the school and its grounds. This includes automobiles. Students are to have no exceptions of privacy with regard to vehicles parked on school property. Searches may be unannounced and may utilize canines to detect contraband such as stolen items, drugs, alcohol and weapons. Legal authorities may assist the Administration during a search. A student's failure to permit and/or cooperate with a search will be grounds for immediate disciplinary action including suspension from school and law enforcement notification.

\*\*\*\*\*

By signing below I agree to all rules and agree that parking is a the risk of the driver. The school will not be liable for any damages, should they occur.

\_\_\_\_\_  
Student Driver

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Permit No. \_\_\_\_\_

Spot No. \_\_\_\_\_

**JOHNSONBURG AREA HIGH SCHOOL GENERAL AUTHORIZATION AND CONSENT FORM FOR DRUG SCREENING AND RANDOM DRUG TESTING FOR SCHOOL ACTIVITIES**

I fully understand that my performance as a student-athlete, as a member of a club, organization or activity, or as a student granted school privileges and the image of my school are dependent, in part, on my conduct as an individual.

I hereby agree to accept and abide by the rules and regulations set forth in the drug policy approved by the Johnsonburg Area School Board of Directors.

I duly authorize the release of any information related to drug testing to my parents or guardians.

I understand that this policy is not punitive. I will not be punished by suspension or expulsion from the school for a positive test result; nor will I be penalized academically; nor will any information appear on my permanent file.

I may, however, be removed from an athletic squad, club, organization, or privileged activity until I comply with the guidelines of the Random Drug Policy set forth by the Johnsonburg Area School Board of Directors.

This fully executed form represents my consent and my parent's/guardian's consent for the release of information pursuant to the Family Education Right to Privacy Act.

**JOHNSONBURG AREA HIGH SCHOOL DECLARATION OF PRESCRIBED AND OVER THE COUNTER MEDICATION FORM FOR USE IN DRUG SCREENING AND RANDOM TESTING FOR SCHOOL ACTIVITIES**

I declare that the following information about medication prescribed by a licensed physician is complete and accurate and know that this information will be used only as it pertains to the school policy of random drug testing. This information may be shared with the approved school vendor.

I am aware that the lack of reporting this information or the reporting of incomplete or inaccurate information may be considered by the Principal or his designee as the same as a positive drug test and may disqualify a student from participation.

I also understand that as a participant I am obligated to update this form by sharing with the Principal or his designee any changes in medication which are prescribed by a physician or the listing of any over-the-counter medication(s) which have been or are currently being used.

The complete and honest record of all medications used or being used is necessary so that a participant does not test as a false positive and therefore be unjustly suspended or expelled from participation in any school sport, organization, club, or privileged activity.

**NOTE: If not medications are being taken please check and sign below.**

\_\_\_\_\_ **NO MEDICATIONS ARE BEING TAKEN**

**MEDICATION LIST**

Type of Medication:	Prescribing Doctor's Name:	Over the Counter:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*\*Signature indicates consent for drug testing and accurate medication information.*

\_\_\_\_\_  
Student Signature/Date

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

\_\_\_\_\_  
Printed Student Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
List Sport, School Activity, or School Privilege

\_\_\_\_\_  
Phone Number