

**NORTH LINCOLN HIGH SCHOOL
STUDENT PARKING PERMIT APPLICATION
PERMIT COST: \$50/YEAR**

In order to be eligible to possess a student parking permit, a student must be at least 16 years of age, possess a valid driver's license, and be able to show proof of insurance.

STUDENT'S NAME _____ DRIVER LICENSE # _____

ADDRESS _____ PHONE # _____

PERMIT # _____

NAME IN WHICH VEHICLE IS REGISTERED _____
LIMIT: THREE (3) VEHICLES

MAKE _____ MODEL _____ COLOR _____ YEAR _____ Tag # _____

MAKE _____ MODEL _____ COLOR _____ YEAR _____ Tag # _____

MAKE _____ MODEL _____ COLOR _____ YEAR _____ Tag # _____

INSURANCE INFORMATION REGARDING THE ABOVE LISTED VEHICLES:

COMPANY NAME: _____ POLICY #: _____
(If the insurance company and/or policy number is different for one or more of the above listed vehicles, please provide pertinent information for each vehicle.)

I understand that I may lose my privilege to park on campus and/or be subject to disciplinary action for the following reasons:

- 1) Failure to purchase and properly display the parking permit by hanging permit from the rear view mirror facing forward. (Consequences: Warning, fines, suspension of parking privileges.)
- 2) Lending parking permit to another or placing permit in a vehicle not registered with the school. (Consequence: Suspension of parking privileges.)
- 3) Any violation of North Carolina Motor Vehicle Law including exceeding safe speed, equipment violations, safety inspection or registration violations, spinning tires, unsafe operation, littering, or violation of any other law pertaining to the operation of a motor vehicle. This section includes travel to and from the Lincoln County School of Technology and/or other school campuses. (Consequence: Suspension of parking privileges.)
- 4) Chronic (4 or more times/semester) tardiness in either arriving at school or traveling to and from the LCST. (Consequence: Suspension of parking privileges.)
- 5) Possession of alcohol or any controlled substance anywhere on campus. (Consequence: Suspension of parking privileges.)
- 6) Remaining in parking lot after arrival at school, or remaining in parking lot after 3:15 PM unless participating in a school sponsored activity. (Consequence: Warning, Fines, Suspension of parking privileges.)
- 7) Failure to pay fees, fines, or other school debts within 5 school days. (Consequence: Suspension of parking privileges.)
- 8) Parking in other than assigned parking space, such as teacher or visitor parking, between the hours of 7:00 am and 3:15 PM without prior approval from staff and notification to the School Resource Officer. (Consequence: Warning, Fines, Suspension of parking privileges.)
- 9) Driving the wrong way against arrows, failure to stop for stop bars and signs, or failure to obey other traffic control devices. (Consequence: Warning, Fines, Suspension of parking privileges.)
- 10) When entering parking area, students must go directly to parking space. When leaving parking area, students must leave parking area by going directly to a parking lot exit. Cruising the parking lot, for any reason, will not be tolerated. (Warnings, Fines, Consequence: Suspension of parking privileges.)
- 11) Failure to maintain a valid driver's license and/or appropriate insurance. (Consequence: Suspension of parking privileges.)
- 12) Other infractions as determined by the Administration, School Resource Officer or other infractions listed in the student handbook.

ANY CITATION OR ARREST ISSUED BY A LAW ENFORCEMENT OFFICER ON OR ABOUT THE SCHOOL CAMPUS, TRAVELING TO OR FROM THE LINCOLN COUNTY SCHOOL OF TECHNOLOGY, OR POSSESSION OF ALCOHOL OR ANY CONTROLLED SUBSTANCE ANYWHERE ON A SCHOOL PROPERTY (INCLUDING LCST) WILL RESULT IN AN IMMEDIATE 30 DAY SUSPENSION OF PARKING PRIVILEGE AND A SCHOOL FINE.

NORTH LINCOLN HIGH SCHOOL IS A DRUG FREE SCHOOL ZONE. THE OPERATOR OF ANY VEHICLE ON CAMPUS GRANTS CONSENT TO A VEHICLE SEARCH WITHOUT DUE WARNING OR PROBABLE CAUSE.

IF THE PARKING PERMIT IS SUSPENDED OR REVOKED OR IF THE STUDENT LEAVES SCHOOL FOR ANY REASON AFTER SEPTEMBER 1ST OF THE SCHOOL, THE PARKING FEE WILL NOT BE REFUNDED.

If I am issued a parking permit, I agree to operate and park the vehicle in a safe and prudent manner. I agree to willingly obey all school regulations and North Carolina Law. I am aware that any violation may result in disciplinary and/or criminal actions being taken against me. I willingly accept all terms and conditions outlined in this form and in the Student Handbook. I further understand that North Lincoln High School is not responsible for loss due to theft or any damage to vehicles whether accidental or intentional; and that no refunds will be given for permits lost due to violations of rules or student withdrawing from school.

STUDENT SIGNATURE

DATE

PARENT OR GUARDIAN

DATE

For office use only:

_____ Parking Permit Approved

_____ Parking Permit NOT Approved

Space Number Assigned: _____

Permit Number: _____

STAFF MEMBER'S SIGNATURE

DATE



Consent Form Participation in the Drug-Testing Program

This form must be completed and signed by each high school student who holds a campus parking pass, student athlete, and his/her parent or legal guardian. This form is required for all students who hold a campus parking pass or participate in any athletic competition, to include cheerleading. Eligibility for campus parking privileges and athletic participation will not be granted until this form has been signed and returned to the student's school.

Student Name _____ Male Female
School _____ Grade Level _____
 Campus Parking Pass Sport _____ Varsity Junior Varsity

Drug-Testing Consent-

By signing this form, I, the undersigned student and parent, affirm that I am aware of the Lincoln County Board of Education's drug-testing regulations and procedures, which requires the following for any student who holds a campus parking pass and student athlete who is found to have any tested drug or substance:

- A first positive test may result in a ninety (90) day period of ineligibility from campus parking privileges and student athletics. Prior to returning to campus parking privileges and athletic participation, the student must provide a negative drug test result. The cost of the follow-up drug test is the responsibility of the student.
- A second positive test may result in a 365 day period of ineligibility from campus parking privileges and student athletics. Prior to returning to campus parking privileges and athletic participation, the student must provide a negative drug test result. The cost of the follow-up drug test is the responsibility of the student.
- A third positive test may result in permanent ineligibility from campus parking privileges and student athletics for the remainder of the student's career.
- **Any student who has a positive drug test will forfeit eligibility for a parking pass and/or athletic participation.**

I hereby give consent to be tested by an independent, licensed drug-test administrator for the presence of illegal drugs and controlled substances if I am randomly selected, or if there is a reasonable suspicion or cause for a test, or a follow-up test is required for participation in campus parking and student athletics. I consent to giving a urine specimen or saliva test for testing upon request by the drug-test administrator. I understand that a refusal to be tested, or any attempt to tamper the test sample will result in a declaration of a positive test. I agree to follow the drug-testing procedure that has been set forth in Board Policy 3623-R/4343-R.

I hereby authorize the licensed physician to release the results of my test to the student's parent/guardian and the Superintendent or her designee, who shall notify the student's principal, athletic director and coach. I waive any privilege in connection with the results of the drug test. I understand that the drug-test results will not be shared with law enforcement and that the outcome of the drug test will not affect my academic career.

By signing this form, I have read and understood Board Policy 3623-R/4343-R and its related consequences. I understand that the Lincoln County Board of Education and its officers, administrators, employees, and agents are hereby released from legal responsibility or liability for the release of such information and records as authorized by this form.

Legal Name of student: _____

Signature of student: _____ Date: _____

Name of parent(s)/guardian (s): _____

Signature of parent/guardian: _____ Date: _____

Home address: _____ City: _____ Zip Code _____