

**Yulee High School
Student Parking Application
2021-2022**

YEAR	MAKE	MODEL	COLOR	TAG #	DECAL #

Student Name: _____ **Phone Number:** _____ **Grade:** _____

Form of payment: Cash _____ Check _____ **Date Paid** _____

Documentation: Driver's License _____ Proof of Insurance _____ Car Registration _____
Drug Consent Form _____

Parking Guidelines and Rules

**Please see the YHS Student Handbook for more information regarding parking guidelines and rules.*

1. All vehicles parked on school grounds must be registered in the Student Services Office. Any vehicle parking illegally without a proper decal will be towed at student and/or guardians' expense and are subject to disciplinary action.
2. Decals may be purchased for \$40.00 in Student Services. The rate will not be prorated.
3. Only the student purchasing the decal may use it. Sharing decals is not permitted and will result in disciplinary action.
4. OJT/DE decal must be applied to bottom corner of the driver's side window.
5. Yulee High School is not responsible for the vehicle or its contents
6. All vehicles are subject to being searched.
7. Students not parking in designated area are subject to disciplinary action, including revocation of parking privileges.
8. Excessive tardiness will result in suspension of driving privileges.
9. Students leaving campus without following YHS check-out procedures are subject to driving privileges being revoked.
10. On-Campus parking at YHS will only be available to 11th and 12th grade students.
11. There is a limited number of parking spots available on campus. When capacity is reached, no more parking deals will be issued.
12. There will be a \$5 fee to replace a decal.
13. It is the student and/or guardians' responsibility to update and provide any changes to vehicle registration with Student Services.

CONSEQUENCES FOR BREAKING ANY OF THE ABOVE RULES:

Include but not limited to:

Detention, ISS, revocation of parking privilege up to 45 days and/or remainder of school year, towing of vehicle at student and/or guardians' expense and other disciplinary action as appropriate, according to the Code of Conduct.

<p>This space to be completed by Parent/Guardian:</p> <p>I have read and discussed the above policy as well as the YHS Student Handbook with my son/daughter and understand that a violation of any of the policies will result in disciplinary action and/or suspension of driving privileges.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Parent</p>



The Nassau County School District

1201 Atlantic Avenue
Fernandina Beach, Florida 32034

“Empowering others through a commitment to excellence”

Dr. Kathy K. Burns, Ed.D.
Superintendent of Schools

(904) 491-9900
Fax (904) 277-9042
info@nassau.k12.fl.us

NASSAU COUNTY SCHOOL BOARD STUDENT DRUG TESTING CONSENT FORM

I understand that submission to testing for the presence of drugs and alcohol is a condition of participation in extracurricular activities and for the operation of a motor vehicle on school property. I further understand that if I refuse to take the test, or if the test establishes a violation of the drug testing policy, I will face disciplinary action set forth by the Nassau County School Board policy.

By signing and dating this form, I consent to any random or reasonable suspicion drug testing that might be required during the 2021-2022 school-year. The random testing will be done throughout the school year. The selection for the random testing will be performed by the testing agency with the selected students being notified on the day they are to report for drug testing. I also understand the provisions of reasonable suspicion testing.

By signing and dating this form I understand that the costs for random and reasonable suspicion testing will be paid for by the school district. I also understand that the cost for the assessment and rehabilitation program, in the event of a violation of the drug testing policy, is the responsibility of the student.

I hereby consent to the administration of a drug test, if selected, and to the conditions listed in this consent. By signing and dating this form I attest that I have read and understand Nassau County School Board Rule 2.48, which outlines the district drug testing policy printed in the Code of Student Conduct.

Student’s Name: _____
(Please Print)

Date: _____ Signature: _____

Parent/Guardian’s Name: _____
(Please Print)

Date: _____ Signature: _____

Signature of Notary: _____ Date: _____

Commission Expires: _____

Our mission is to develop each student as an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society.

The Nassau County School District does not discriminate on the basis of race, color, national origin, gender, age, disability or marital status in its educational programs, services or activities, or in its hiring or employment practices.