

**Yulee High School
Student Parking Application
2025-2026
NON-REFUNDABLE**

YEAR	MAKE	MODEL	COLOR	TAG #	YHS DECAL #

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

Grade: _____

Form of payment: Cash _____ Check _____ Date Paid _____

Documentation: Driver's License _____ Vehicle Registration _____ Insurance _____

Drug Consent Form _____ **(MUST BE ATTACHED BEFORE SUBMISSION)**

Emergency Medical Card _____ **(MUST BE ATTACHED BEFORE SUBMISSION)**

GPA Minimum of 2.0 _____ Date Verified: _____

90% or greater attendance: _____ Date Verified: _____

PLEASE NOTE!! STARTING 2025, STUDENTS WHO PARK ON CAMPUS WITHOUT A PARKING DECAL WILL RECEIVE A PARKING FINE OF \$20 EVERY DAY THEY PARK WITHOUT A PARKING DECAL.

Per the Nassau County School District Code of Conduct:

High School students must be in attendance for at least 90% of their total possible class periods in order to participate in extracurricular activities, parking privileges, social events, after school activities, homecoming dances, prom, etc.

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 students / guardians' expense and are subject to disciplinary action.
2. Decals may be purchased for \$50.00 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. The student who completes this form is responsible for his / her vehicle and its occupants.
5. Yulee High School is not responsible for the vehicle or its contents.
6. All vehicles are subject to being searched.
7. Students who are not parking in the designated area are subject to disciplinary action, including revocation of parking privileges.
8. Students leaving campus without following YHS check-out procedures are subject to driving privileges being revoked.
9. On-Campus parking at YHS will only be available to 10th, 11th and 12th Grade.
10. **If parking decal is lost a new decal must be purchased for full cost \$50.00**
11. It is the student and/or guardians' responsibility to update and provide any changes to vehicle registration with Student Services.
12. There are a limited number of parking spots available on campus when capacity is reached, no more parking decals will be issued.
13. **Excessive tardiness (3 or More) will result in suspension of parking privileges.**
14. **GPA must be at least a 2.0.**
15. **Attendance must be at least 90%. Attendance will be checked at the beginning/end of the 9 weeks and at progress report time. These are the only times that parking privileges can be restored.**

CONSEQUENCES FOR BREAKING ANY OF THE ABOVE RULES:

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

I have read the above policy as well as the YHS student Handbook, *I Understand* that a violation of any of the policies will result in disciplinary action and/or suspension of driving privileges.

Students Name (Printed)

Student Signature

Date

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 policy will result in disciplinary action and/or suspension of driving privileges.

Parents Name (Printed)

Parent Signature

Date

2023-2024 School Year Only



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

The Nassau County School District

1201 Atlantic Avenue
Fernandina Beach, Florida 32034

"Empowering others through a commitment to
excellence"

(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 2025-2026 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.

2025-2026 Nassau County Student Emergency Medical Information

Teacher: _____
(Teacher is for Elementary Schools Only)

In the case of an emergency, it is imperative that the school be able to reach the student's parent (as defined below).
Fill in the information on both sides of this form carefully and accurately. Please use ink and print clearly.

Student Information	Last Name:		First Name:		Middle Name (or initial):	
	Date of Birth: / /		Grade Level:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Student's Physical Address:			City, State, Zip:		
	Mailing Address (if different from above):			City, State, Zip:		
	Primary Phone:			Student Cell Phone:		
	Student Email:					
	Who has custody: (Current legal documentation must be on file in the student's cumulative record.) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____ Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Other: _____					
Mother/ Guardian	Last Name:		First:			
	Home Address (if different from student):		City, State, Zip:			
	Employer:		Work Phone:		Email:	
	<i>The school mass notification system is used to communicate news, attendance, emergencies, etc. If you want to receive these messages on your cell or home number, please select the appropriate Callout box. Otherwise, the messages will be sent to the Primary Phone number listed under Student Information.</i>					
	Cell Phone:		Home Phone:			
		<input type="checkbox"/> Callout - Check to receive school mass notifications		<input type="checkbox"/> Callout - Check to receive school mass notifications		
Father / Guardian	Last Name:		First:			
	Home Address (if different from student):		City, State, Zip:			
	Employer:		Work Phone:		Email:	
	<i>The school mass notification system is used to communicate news, attendance, emergencies, etc. If you want to receive these messages on your cell or home number, please select the appropriate Callout box. Otherwise, the messages will be sent to the Primary Phone number listed under Student Information.</i>					
	Cell Phone:		Home Phone:			
		<input type="checkbox"/> Callout - Check to receive school mass notifications		<input type="checkbox"/> Callout - Check to receive school mass notifications		
Emergency Contacts	List the names of persons to whom we may release your child or whom we may contact if we cannot reach you.					
	Name		Address		Relationship	
Transportation	Regular Arrival Procedures. On a typical day, how will your child arrive to school? <input type="checkbox"/> Car Dropoff <input type="checkbox"/> Walker <input type="checkbox"/> Ride School Bus <input type="checkbox"/> Drive (High School Students) <input type="checkbox"/> Attend OFF-site before-care program (Program: _____)					
	Regular Dismissal Procedures. On a typical day, how will your child leave school? <input type="checkbox"/> Car Pickup <input type="checkbox"/> Walker <input type="checkbox"/> Ride School Bus <input type="checkbox"/> Drive (High School Students) <input type="checkbox"/> Attend OFF-site after-care program (Program: _____) <input type="checkbox"/> Attend ON-site after school program (Program: _____)					

PLEASE TURN OVER TO COMPLETE THE BACK

NASSAU COUNTY STUDENT EMERGENCY MEDICAL INFORMATION

Student Last Name:

First:

Middle:

Physician/ Hospital	In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.		
	Physician:	Phone:	
	Hospital:	Phone:	
Medical Information	Please check or list any DOCUMENTED medical/mental health diagnoses which may affect the child's progress in school, sports, etc. (Check all that apply):		
	<input type="checkbox"/> Asthma. If checked, does the student use an inhaler?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On daily medication	
	<input type="checkbox"/> Seizures. If checked, is the student on medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Diabetes. If checked, is the student insulin dependent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Movement limitations (Describe):		
	<input type="checkbox"/> Recent illness/hospitalization/surgery (Describe):		
	<input type="checkbox"/> Other DOCUMENTED medical/mental health diagnoses (Describe):		
	<input type="checkbox"/> Severe Allergies. If checked, please check the type below:		Allergies require:
	<input type="checkbox"/> Food/environmental: Specify: _____	<input type="checkbox"/> Insect stings/bites: Specify: _____	<input type="checkbox"/> Medicines/drugs: Specify: _____
	<input type="checkbox"/> Other: _____		<input type="checkbox"/> EpiPen <input type="checkbox"/> Benadryl <input type="checkbox"/> Other: _____
Does your child wear glasses/contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sibling(s)	Please list any sibling(s) who currently attend a Nassau County Public School.		
	First and Last Name	School	Grade Level

Parents will be notified of any problems detected and no treatment, including shots, skin tests or blood tests, will be given without additional parental permission. The Public Health Nurse will assist parents/guardians in obtaining medical help for their child(ren). Health problems will be treated in a confidential manner. You must notify the school principal in writing if you do NOT want your child to participate in one or more of the activities listed.

The Nassau County Health Department, in cooperation with the School Board, will be conducting School Health Screenings during this year. Nursing assessments are a part of the scheduled screenings. A student may be referred by a parent or a member of the school staff at any time for the screenings listed below.

I understand that my child will receive emergency care in the school and health services at school that may include: * First aid for minor injuries, accidents or illnesses * Immunization status and health history reviews * Vision, hearing, height-weight, dental and scoliosis screenings * Assistance with medical/mental health crisis response * Assistance with administration of doctor ordered medications * Health education on specific health topics and approaches to wellness * Assistance with doctor ordered minor, complex or chronic health conditions or procedures

I authorize the School District of Nassau County, Florida to release and exchange my child's confidential information to agencies of the State of Florida to determine Medicaid eligibility and, if applicable, to bill Medicaid for reimbursable Certified School Match services referenced on my child's individual education plan (IEP), or other applicable plan, and receive Medicaid reimbursement for Exceptional Student Education (ESE) or other necessary services provided to my child while at school. I understand that my child will receive services referenced on his/her plan(s).

I understand that certain educational records of my child will be shared with the district's health care partners as needed to provide and evaluate physical or mental health services to students. I also understand and agree that my child's treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records.

I understand that in case of an accident or serious injury, I will be contacted. If I cannot be reached, I understand the contact person(s) listed on this form as the emergency contact(s) may be contacted.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Has your family temporarily lost housing? ☐ Yes ☐ No

Your family may qualify for additional resources through the FIT program if you are living in one of these situations because of loss of housing: sharing housing, camper, motel, car, substandard, etc. Call 277-9021 for more information.

These situations, in and of themselves, do not count as abuse and are not reported to any agency.

I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.

Signature: _____ Date: _____

Relationship to Student: _____