

BEAUFORT HIGH SCHOOL STUDENT PARKING PERMIT

SCHOOL YEAR: 2021

Parking Pass #: _____

Payment (circle one): Cash / Check / Online

STUDENT INFORMATION:

Name: _____

Grade: _____

Address: _____

Driver's License #: _____

Driver's License State: _____

Phone #: _____

City: _____ State: _____

DESCRIPTION(S) OF VEHICLE(S):

Make: _____ Model: _____ Color: _____

Make: _____ Model: _____ Color: _____

*****TOWING WILL BE AT THE OWNERS EXPENSE*****

1. Student and parent must complete and sign the BCSD drug testing consent form. (See back)
2. The cost of the parking permit is \$35.00
3. Student must complete the SC ALIVE at 25 class before obtaining a parking permit.
4. Permit must be hung on the middle of your rearview mirror when you enter the parking lot. Ensure your vehicle is locked and your permit is visible for the entire day.
5. Taking care of your permit is your responsibility. If your permit is lost or stolen, there will be a waiting period before a replacement is issued and a \$50.00 replacement fee.
6. DO NOT sell, lend, or rent your permit to anyone else. It is to be used by YOU in a designated vehicle, or your permit will be revoked.
7. DO NOT alter or tamper with the permit or the number on it.
8. If you do not have your permit with you, you are not allowed to park on school property.
9. Students are expected to park only in designated parking areas.
10. This permit will be revoked for reckless driving, speeding, unacceptable conduct on campus, and taking other students off campus.
11. Students violating other school rules can result in a 2-week suspension of their driving privileges.
12. Your vehicle is subject to search by school administration at any time while on school property.

I UNDERSTAND AND WILL ADHERE TO THE ABOVE REGULATIONS.

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____

BOOKKEEPER SIGNATURE: _____

ATTENDANCE OFFICE SIGNATURE: _____



DRUG TESTING CONSENT FORM

I desire student _____ to be able to participate in some or all of the following voluntary activities or privileges offered by the Beaufort County School District which includes: interscholastic athletics, other voluntary extra-curricular activities, and campus parking privileges.

I hereby agree that:

- I have read and understand the Beaufort County School District's administrative regulation governing random student drug testing.
- Student _____ shall be enrolled in the Beaufort County School District random drug testing program beginning with this school year and may be drug-tested in accordance with the random drug testing regulation at any time during his/her enrollment in the Beaufort County School District.
- Drug testing of a student under the random drug testing regulation are completely voluntary and a student is never forced to undergo a drug test. However, a refusal to take the test shall result in the same consequences as a positive drug test.
- Drug test results may be released to the student, the parent/guardian, the contracted test administrator(s) for the Beaufort County School District, medical review officer, the superintendent or his/her designee, and the student's school principal.

Name of student (PRINT)

Name of parent/guardian

Signature of student

Signature of parent/guardian

Dated: _____, 20____

Dated: _____, 20____