

HALIFAX AREA SCHOOL DISTRICT

PERMISSION TO DRIVE/PARK OR RIDE TO SCHOOL

In compliance with policies established by the Board of Education, it is necessary for students driving to and from school and student passengers, to have a permission slip signed by parents or guardians. School authorities may revoke the privilege of driving at any time students fail to exercise good conduct and judgment, or exhibit a lack of responsibility, so as to endanger property or persons. **Payment for parking passes (\$50 per year) must be received before a pass is issued. Checks should be made payable to Halifax Area School District.**

I hereby grant _____ permission to (drive)(ride with) _____ to and from school. The vehicle is covered by liability insurance, through the _____ company.

Date _____, 20_____ Signed _____
Parent/Guardian

COMPLETE THIS PORTION FOR A DRIVING/PARKING PERMIT ONLY

Owner of Vehicle: _____

Student No: _____ Student Name: _____ Grade: _____
Last First

License Plate #: _____ Make: _____ Model: _____ Color: _____

License Plate #: _____ Make: _____ Model: _____ Color: _____

License Plate #: _____ Make: _____ Model: _____ Color: _____

I agree to follow and abide by all the rules and regulations (see below) pertaining to driving/parking at school. I understand that consequences will occur as a result if I fail to follow these rules and regulations.

Student Signature: _____ Date: _____

Parking Areas: Student parking on school property is a privilege. Students are **required** to register their vehicles with the high school office each year. All student-operated vehicles are subject to search whenever district officials feel there is reasonable suspicion of wrong doing. Student drivers may park in the designated student parking lots in spaces, which are not reserved for staff/faculty. Student drivers may **not** park on grass areas or areas not marked as a parking space. If there are available parking spaces for students requesting permission to drive to school, underclassmen will be granted parking tags. Students must proceed directly into the building to their assigned location upon arrival on school property.

Parking Violations:

1. Failure to register and/or properly place registration tag on motor vehicle and failure to park in designated areas.
2. Failure to allow other motor vehicles enough room to get out of parking areas.
3. Driving to school and/or having vehicle on school property when driving privileges have been suspended.
4. Unsafe operation of vehicle on school property.

Violations in category 4 are subject to the principal's discretion dependent upon severity.

Any of the above violations will result in disciplinary action as per the student discipline code found in the student handbook Section 28.

Tag Identification: Each student driver shall identify a vehicle(s) that he normally drives to school and school activities. An identification tag will be issued for each such vehicle and must be displayed on your rearview mirror in clear view.

If a student must drive a non-registered vehicle to school on a given day, the necessary registration must be made before reporting to period 1. This completed registration will be filed only for the authorized time period. Violations will be processed as per the student discipline code in the student handbook. The operation of any improperly registered and licensed motor vehicle will be handled as a violation of the motor vehicle code. Such action will result in a full suspension of driving privileges and referral to the Pennsylvania State Police.

Halifax Area School District
Activity Student Drug Testing Consent Form

Statement of Purpose and Intent

Participation in school sponsored extra-curricular activities at Halifax Area School District is a privilege. Activity students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs.

Drug use of any kind is incompatible with participation in extra-curricular activities on behalf of the Halifax Area School District. For the safety, health, and well being of the students of the Halifax Area School District, the Halifax Area School District has adopted the attached Activity Student Drug Testing Policy and the Student Drug Testing Consent for use by all participating students at the middle school and high school levels.

Participation in Extra-Curricular Activities

Each activity student shall be provided with a copy of the Activity Student Drug Testing Policy and Student Drug Testing Consent which shall be read, signed and dated by the student, parent or custodial guardian, and coach/sponsor before such student shall be eligible to practice or participate in any extra-curricular activities. The consent shall be to provide a urine sample as chosen by the random selection basis; and/or at any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs. No student shall be allowed to practice and/or participate in any activity governed by the policy unless the student has returned the properly signed Student Drug Testing Consent Form.

I understand after having read the “Student Activity Drug Testing Policy” and “Student Drug Testing Consent”, that out of care for my safety and health, the Halifax Area School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Halifax Area extra-curricular student activity, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs anytime while I am involved in in-season or off-season activities, I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the Policy.

Student's Last Name

First Name

MI

Signature of Student

Date

We have read and understood the Halifax Area School District “Activity Student Drug Testing Policy” and “Student Drug Testing Consent Form”. We desire that the student named above participate in the extra-curricular student activity programs of the Halifax Area School District and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

Signature of Parent or Custodial Guardian

Date