THIS FORM MUST BE TURNED IN BY MAY 22, 2019
****NO EXCEPTIONS****

2019-2020 Acknowledgement Concerning Use of Student Parking Lots
SHELBY COUNTY SCHOOLS
OAK MOUNTAIN HIGH SCHOOL

DECAL NUMBER: _____ STUDENT NAME: _____ Grade 2019/2020_____

I understand that it is a privilege, not a right, to participate in the Parking Privileges Program offered by the Shelby County Board of Education, and that I must comply with the Parking Privileges Program Substance Abuse Policy in order to be given the privilege to participate. I have read and understand the Shelby County Parking Privileges Substance Abuse Program policy procedures and penalties and agree to abide by these rules regarding the possession and use of prohibited substances. I agree to submit to prohibited substance screenings, as outlined in the Shelby County Parking Privileges Substance Abuse Program Policy and Procedures (Code JTC), as a condition for my initial or continued participation in parking privileges. I specifically consent to allow urine, breath, saliva, and/or hair to be taken in accordance with the Board's policy and procedures and consent to allowing those samples to be forwarded to the Board's Drug Testing agency for testing to determine the existence of prohibited substances. I authorize any laboratory or medical provider to release test results to the Board, the Medical Review Officer, the Drug Program Coordinator, and to local school Administrators.

I also expressly authorize the Board and/or the MRO to release any test-related information, including positive results (a) as directed by my specific, written consent authorizing release of the information to an identified person, (b) to the finder of fact in any lawsuit, grievance, or other proceeding initiated by or on behalf of myself, and/or (c) under compulsion of law.

I understand that the refusal to submit to testing for the use of prohibited substances will prohibit me from my initial and continued participation in the parking privileges offered by the Shelby County Board of Education. I also understand that: The Shelby County School System retains authority to conduct routine patrols of student parking lots and inspections of the exteriors of student automobiles on school property; The Shelby County School System may inspect the interiors of student automobiles whenever a school official has reasonable suspicion to believe illegal, unauthorized, and/or contraband materials are contained inside the automobiles; Such patrols and inspections may be conducted without notice, without student consent, and without a search warrant; and If a student fails to provide access to the interior of his/her car upon request by a school official, the student will be subject to school disciplinary action. Parking permits may be revoked due to disciplinary action (leaving school without permission, smoking, etc.).

This document will remain in effect and serve as my continued consent and release while I am a student in the Shelby County Schools, unless and until revoked by me in writing.

_____ _____
Student Signature Date Parent Guardian Signature Date

VEHICLE INFORMATION

Tag Number_____ Year of Vehicle_____

Make of Vehicle_____ Color of Vehicle_____

Owner of Vehicle_____ Owner's Phone No._____

Student's Driver's License No._____ Insurance Co. for Vehicle_____

Vehicle VIN_____