



Pequannock Township High School

85 Sunset Road
Pompton Plains, New Jersey 07444

Tel. (973) 616-6000 Fax. (973) 616-2679
www.pequannock.org

Richard M. Hayzler, Principal

Brian Silipena, Assistant Principal in Charge of Athletics

Jennifer K. Mildner, Assistant Principal

Student Parking Application

Parking is considered a senior privilege. Only those students who complete the proper requirements will be provided a spot, until lots are full, during school hours under the following conditions:

- Application must be completed in full and submitted with a completed student Random Drug & Alcohol Consent Form.
 - All school obligations, such as book fines must be cleared.
 - Students are NOT permitted to leave school during the day unless permission granted by Administrator or subject to discipline.
 - Students are to park in their assigned spots ONLY. Any student parked without a permit will be subject to disciplinary action including, but not limited to, permanent loss of parking privileges and /or suspension. Illegally parked vehicles are subject to a warning and / or towing at the owner's expense.
 - JUNIORS who violate parking regulations will NOT be permitted to apply for parking in their senior year and will also be subject to disciplinary action.
 - Parking tag should always be displayed on your rearview mirror with the number facing the windshield. Any student who needs to drive an alternate vehicle to school please notify the main office immediately and provide a copy of registration and insurance of alternate vehicle.
 - Any vehicle, including its compartments and content, may be subject to search and seizure by school officials and / or law enforcement personnel while on school property.
 - Speed limit on school property is 10 m.p.h.
 - No one is allowed to exit out of the driveway near the tennis courts.
 - Sitting in cars before, during or after school is not permitted.
 - Changing or sharing spots with another student is NOT permitted without administrative approval.
 - The school district is not liable for any damage to any vehicle while operated or parked on school property. Students who park on school property do so at their own risk.
 - Failure to follow these conditions may result in forfeiture of parking privileges, school discipline and a possible summons by local law enforcement.
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Minor Offense: may include, but is not limited to, not displaying a permit, not parking properly in space, driving someone else's vehicle.

1st offense – Warning

2nd offense – Driving privilege suspended 2 weeks (turn in tag).

3rd offense – Privilege suspended for remainder of the year.

Major Offense: may include, but not limited to, speeding, driving irresponsibly, failure to stop at stop signs, leaving school grounds without permission, parking in wrong spot, entering and exiting lot improperly.

1st offense – Privilege suspended for 60 days and Saturday detention.

2nd offense – Privilege suspended for remainder of the year and Saturday detention.

Please submit required information to the Assistant Principals' office

P.T.H.S. PARKING APPLICATION

**NOTE: Morris County Vocational School students will receive a WAIVER under separate cover that must be submitted along with this application, if driving to Vo Tech.*

In order for the application to be complete, students MUST submit the following, as well as have ALL school obligations, such as book fines, cleared:

1. Completed parking application and agreement
2. Copy of a valid driver's license
3. Copy of a valid insurance card
4. Copy of a valid registration card
5. Completed Student Random Drug & Alcohol Consent Form (attached)

PLEASE PRINT INFORMATION

STUDENT'S NAME (print) _____ **GRADE** _____

VEHICLE YEAR, MAKE & MODEL: _____

VEHICLE COLOR: _____ **LICENSE PLATE #:** _____

I have read and understand all terms and conditions of the parking privileges at PTHS. I certify that my car is registered and fully covered by liability insurance.

PARENT'S SIGNATURE: _____ **Date:** _____

STUDENT'S SIGNATURE: _____ **Date:** _____

*** Parking spots are assigned in order until the lots are full ***



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STUDENT RANDOM DRUG AND ALCOHOL CONSENT TEST FORM

I understand fully that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by the Pequannock Board of Education and the sponsors for the activity in which I participate.

I authorize the Pequannock Board of Education to conduct an Alcohol and Drug test at Pequannock Township High School, or Chilton Occupational Health Center, if my name is drawn from the random pool. Pursuant to the Student Random Alcohol and Drug Testing Policy, I authorize the following:

1. Pequannock Board of Education to release specimens to the testing laboratory(ies).
2. Test laboratory(ies) to release test results to designated Medical Review Officer, MD.
3. Medical Review Officer, MD to release test results to Pequannock Board of Education Student Assistance Counselor, Grade Level Administrator and/or Medical Inspector*.
4. Pequannock Board of Education to release individual student name, parents name and home phone number to Medical Review Officer, MD regarding all positive drug test results.

I understand that I may also be randomly drug tested throughout the remainder of the school year.

PRINT – Student’s Name _____
Student ID #

Student’s Signature _____
Date

PRINT – Parent/Guardian Name _____
Parent/Guardian SIGNATURE _____
Date

HOME # Parent/Guardian _____
CELL # Parent/Guardian _____
WORK # Parent/Guardian

- _____ I plan to participate in the following sport: _____.
- _____ I plan to participate in the following student activity: _____.
- _____ I am volunteering to be placed in the drug testing pool.
- _____ I plan to hold a valid Pequannock Twp High School parking permit.

*All results are kept strictly confidential and are released only to those individuals named above.