

BROOKSIDE PARKING APPLICATION

Grade: _____ City you live in: _____

Things to bring with you when purchasing your parking pass:

- Proof of Insurance (Can be a picture on your phone. Insurance dates MUST be valid)
- Proof of Valid License (Can be a picture on your phone)
- Completed Forms. ALL sections must be complete and parent signature is required.
- \$30 Cash or Check written out to Brookside High School

All students applying for a parking permit must also submit a drug testing consent agreement and be a part of the random drug testing pool.

STUDENT: (PRINT) _____

Vehicle 1: _____
Year Make Model Color Lic Plate

Vehicle 2: _____
Year Make Model Color Lic Plate

Vehicle 3: _____
Year Make Model Color Lic Plate

A student can lose their parking permit and the privilege of driving to school for:

- Loaning a parking permit to other students.
- Jeopardizing the safety of another person while driving the vehicle on school property.
- Violating the rules and regulations for parking on school property.
- Parking in any other area that is not the student parking area.
- Being truant from school for any part of the school day.
- **Transporting students who are not permitted out of the building during the school day.**
- Continually violating school rules, especially those resulting in suspensions.
- **Driving around the backside of the Intermediate School.**
- **Failing a drug test.**

If a student is absent and/or tardy and/or signs out of school 10 times (excused or unexcused) the student will confer with the Assistant Principal to develop an action plan to address the specific attendance problem.

- I understand that the school can search my vehicle at any time while it is on school property.
- I have read the parking regulations listed above, and will fully comply with them
- I understand that failure to comply with the regulations will result in disciplinary action and the loss of driving privileges.

Parent Signature _____

Student Signature _____

— OFFICE USE ONLY —

___ \$30 Fee ___ Parent Signature on All Forms ___ Valid Proof of Insurance ___ Valid Drivers License

**SHEFFIELD-SHEFFIELD LAKE CITY SCHOOLS
INFORMED CONSENT AGREEMENT
RANDOM DRUG TESTING**

STUDENT NAME _____ GRADE _____

AS A STUDENT:

- I understand and agree that participation in athletic, extra-curricular activities, and student parking are privileges that may be withdrawn for violations of the Sheffield-Sheffield Lake City Schools Student Drug Testing Policy.
- I have read the Student Drug Testing Policy (available at www.sheffieldschools.org) and thoroughly understand the consequences that I will face if I do not honor my commitment to the Student Drug Testing program
- I understand that when I participate in any athletic program, extra-curricular activity, and/or parking privilege, I will be subject to random urine drug and/or alcohol testing as it is board policy that I have to participate in random drug testing, and if I refuse to sign the informed consent agreement for random drug testing, I will not be allowed to practice or participate in any athletic program/extra-curricular activities or student parking. I have read this Informed Consent Agreement and agree to its terms.
- I understand this agreement is binding while I am a student in the Sheffield-Sheffield Lake City Schools.

STUDENT SIGNATURE

DATE

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the Sheffield-Sheffield Lake City Schools Student Drug Testing Policy (available at www.sheffieldschools.org) and understand the responsibilities of my son/daughter/ward as a participant in athletic programs, extra-curricular activities, and/or parking privileges in the Sheffield-Sheffield Lake City Schools.
- I pledge to promote healthy lifestyles and choices for all students in the Sheffield-Sheffield Lake City Schools.
- I understand that my son/daughter/ward, when participating in any athletic program, extra-curricular activity, and/or parking privilege, will be subject to random urine drug and/or alcohol testing, as it is board policy that he/she has to participate in random drug testing, and if he/she or myself refuses to sign the informed consent agreement on random drug testing, he/she will not be allowed to practice or participate in any athletic activities/extra-curricular activities. I have read this Informed Consent Agreement and agree to its terms.
- I understand this agreement is binding while my son/daughter/ward is a student in the Sheffield-Sheffield Lake City Schools.

PARENT/GUARDIAN/CUSTODIAN PRINTED NAME

DAYTIME PHONE

PARENT/GUARDIAN/CUSTODIAN SIGNATURE

DATE

**SHEFFIELD-SHEFFIELD LAKE CITY SCHOOLS
INFORMED CONSENT AGREEMENT
RANDOM DRUG TESTING**

We hereby consent to allow the student named on the reverse side to undergo urinalysis testing for the presence of illicit drugs, alcohol, or banned substances in accordance with the Sheffield-Sheffield Lake City Schools Board Policy on Student Drug Testing.

We understand that testing will be administered in accordance with the guidelines of the Sheffield-Sheffield Lake City Schools Student Drug Testing Policy for student-athletes and students participating in extra-curricular activities and/or student parking privileges.

We understand that any sample taken for drug testing will be tested only by a Board approved company.

We hereby give our consent to the company selected by the Sheffield-Sheffield Lake City Schools Board of Education, its employees, or agents, together with any company, hospital, or laboratory designated to perform testing for the detection of drugs and alcohol.

We further give our consent to the company selected by the Sheffield-Sheffield Lake City Schools Board of Education, its employees, or agents, to release all results of these tests to designated School District employees or agents. We understand that these results will also be available to us upon request.

I, the student, hereby authorize the release of the results of such testing to my parent/guardian/custodian.

We hereby release the Sheffield-Sheffield Lake City Schools Board of Education, its employees or agents from any legal responsibility or liability for the release of such information and records.

This will be deemed a consent pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g as amended, and the Ohio Revised Code 3319.321, for the release of the test results as authorized by the Informed Consent Agreement or as required by law.

STUDENT DRUG TESTING POLICY

The District policy regarding Student Drug Testing can be found under the webpages for the Sheffield-Sheffield Lake City Schools and/or Brookside High School at www.sheffieldschools.org



BROOKSIDE HIGH SCHOOL
1662 Harris Road
Sheffield, OH 44054-2698
(440) 949-4220

Name _____

Activity _____

Informed Consent Agreement

Keep this top cover sheet and return the attached Informed Consent Agreement

1. Students and parents should sign where indicated on the Informed Consent Agreement form.
 2. Keep this handout and return the Informed Consent Agreement form to either your Coach, Main Office, or Social Worker Office 019.
 3. Please see Mrs. Adkins or Mr. Smith with questions regarding the procedures for student drug testing.
 4. Informed consent continues through the school year, even after an athletic or extracurricular season has ended.
 5. Informed consent agreements will need to be re-signed each school year when participating in athletics, extracurricular activities or student parking.
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Procedures for Student Random Drug Testing (Grades 9-12)

As adopted in policy by the Sheffield-Sheffield Lake City School Board of Education

Students and parents must sign the "Informed Consent Agreement" to participate in student drug testing. Failure to sign this form disqualifies you from all activities/parking.

All students participating in any athletic, extracurricular, non-graded activity, or holding a student parking permit are entered into a random drug testing pool.

Great Lakes Biomedical, the school's drug testing company, will use a random generating computer program to choose students for random drug testing.

The testing dates and times are not announced. Students will be called out of class to a restroom where they will provide a urine sample. Privacy is protected.

Samples are tested by a certified laboratory and reviewed by the laboratory's medical doctor.

First Violation

If a student tests positive, the student must receive a substance abuse assessment by a licensed mental health clinician. Documentation must be provided to Mr. Smith, the District Social Worker.

The student must miss 20% of an extracurricular season (20% of games, and/or 36 days of parking privileges/after-school activities/events).

If testing positive, the student will automatically receive 3 follow-up tests for the next 6 months.

Second Violation

If a student tests positive, the student must receive a substance abuse assessment by a licensed mental health clinician. Documentation must be provided to Mr. Smith, the District Social Worker.

For a 2nd violation, the student will miss 50% of an extracurricular season (50% of games, and/or 90 calendar days of parking privileges/after-school activities/events).

For a 2nd violation, the school will require students to participate in an education component regarding the impact of addiction on lives of addicts/families in recovery.

For a 2nd violation, students automatically receive 5 follow-up tests for the next 12 months.

Third Violation

For a 3rd violation, the student may be permanently denied all activities/student parking for their high school career.

Additional Information

For all violations, the student is not suspended from school for testing positive in this program.

However, drugs found on school property or students under the influence/evidence of consumption of alcohol and/or other drugs on school property may be subject to suspension/expulsion under a separate school policy in accordance with the Student Code of Conduct in the Student Handbook.

Self-Report

Students who notify school staff before summoned for a drug test may be exempt from the consequences for a first violation of testing positive for drugs. This self-report may be used once during a high school career. For specific information on the self-report section of the policy, please review the entire Student Random Drug Testing Policy.

For more information regarding this policy, the detailed policy may be found on the School District website at www.sheffieldschools.org.