

NHS Parking Decal Application 2025-2026

Student Name: _____ Grade Level : _____

Student Cell Phone: _____

Vehicle Color: _____ Vehicle Make & Model: _____

License Plate Number: _____

Parent Name: _____ Parent Cell: _____

Vehicle Insurance Carrier Name: _____

Driver's License State and Number: _____

Parking Reminders

1. Please attach a copy of your driver's license and car insurance to this form before you turn it in.
2. Parking decals are \$6.00.
3. Parking spots are assigned based on the order in which students pay for a spot. (The only exception are seniors who have already been assigned a spot to paint.)
4. Students must have a 2.0 GPA to be eligible to park in our student parking lot.
5. Parking decals must be displayed on your vehicle's back windshield on the driver's side corner.

Student Rules Acknowledgement

I have read the NHS Parking Lot Rules and Procedures attached to this packet. I acknowledge that I have read and understand these parking rules and procedures. I understand that parking in our student parking lot is a privilege, and this privilege can be revoked if rules or procedures are not followed.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Northview High School

Student Parking Lot Rules & Regulations updated 2025

******Driving your vehicle on campus is a privilege, not a right.**

NOTE: Along with disciplinary action, consequences may include but are not limited to parent conferences, temporary or permanent loss of parking privileges, booting, or towing of the vehicle.

1. Any vehicle either entering the school parking lot or parking on school property is subject to search by school authorities and/or law enforcement personnel working with them. Such a search may be conducted without a warrant for any reasonable purpose. Search of vehicle includes all compartments and components thereof. Once a search begins, the person in control of the vehicle will not be permitted to remove it from the premises during the reasonable duration of the search.
2. Student must **have and maintain a minimum 2.0 GPA** to be eligible to purchase a parking permit. Students whose GPA drops below a 2.0 will lose their parking privileges.
3. Parking decals must be displayed in the front windshield at all times. Parking decals are non transferable to other students. If a student has multiple vehicles they may drive, all of those vehicles should be listed on their parking permit application.
4. Students must park in their assigned parking spot.
5. Once parked, students must immediately depart the parking lot. **Students are NOT allowed to enter other students vehicles or to loiter in the parking lot. Students are not allowed to go back to their parked vehicle during the day without being escorted by the Dean, SRO, or Administration.**
6. At the end of the school day, students are not allowed to loiter in the parking lot.
7. All students are to use the student parking lot gate entrance unless they are tardy. **Reminder, students that are habitually tardy will lose their driving/parking privileges in increased allotments of time.**
8. All drivers shall obey traffic laws and safety precautions while driving on campus.
 - a. No speeding. On campus speed limit is 10mph.
 - b. No burning out or reckless driving as determined by parking lot supervisors, Dean, Administration, or SRO.
 - c. All vehicles must comply with Florida motor vehicle code. Vehicles driven on campus must have insurance for the driver and a current tag/registration. In case of a crash or fender bender, students MUST exchange insurances and contact information. Failure to exchange information is grounds for revoking campus parking privileges.
 - d. Obey all posted traffic control signs. (No parking, One Way, Stop, etc.)
 - e. No loud music while on campus.
 - f. No texting and driving.
9. The administration may suspend or remove the driving privileges of any student that is found with any illegal or controlled substance in their vehicle on campus.
10. **The administration may also suspend or remove the driving privileges of any student that does not follow the above-stated rules and regulations.** Additionally, ALL rules and regulations found in the Student's Code of Conduct will be strictly enforced.



THE SCHOOL DISTRICT OF ESCAMBIA COUNTY
Department of Curriculum and Instruction
75 N. Pace Blvd.
Pensacola, FL 32505

ANNUAL CONSENT TO STUDENT DRUG SCREENING

SCHOOL YEAR 2025 - 2026

I understand that submission to testing for the presence of drugs is a condition of parking on campus and/or participation in interscholastic athletics and/or extra/co-curricular activities. I further understand if I refuse to take the test, or if the test establishes a violation of the random drug test policy, I will forfeit my privilege of parking on campus and be removed from participation in athletics and/or extra/co-curricular activities until satisfactorily complying with the Random Drug Testing Policy.

By signing and dating this form, I consent to random drug screening and the sanctions thereof throughout the school year. The selection for the random screenings will be performed on a weekly basis with the selected students being notified on the day they are to report for urinalysis.

By signing and dating this form, I understand that the cost of the initial random screening will be paid for by the school district. Furthermore, I understand that the cost of all follow-up drug testing will be the responsibility of the student if the follow-up test results in a positive outcome. If the results are determined to be negative, the district will be responsible for reimbursement. I also understand that the cost for the assessment and rehabilitation program and any additional testing in the event of a violation of the random drug testing policy is also the responsibility of the student.

I, parent or legal guardian, hereby consent to the administration of the drug screening and to the conditions listed in this consent. By signing and dating this form, I attest that I have read and understand the attached Random Drug Testing Policy.

Student's Name: _____ Student ID: _____

Date : _____ Signature: _____

Parent/Guardian's Name: _____

Date : _____ Signature: _____

State of Florida, County of _____

Sworn to and subscribed before me this _____ day of _____, 20____,

by _____

who is personally known to me ____ or who had produced _____ identification.

(Signature of Notary Public)

(Print Name of Notary Public)

(Notary Seal)

If your child is selected for random drug screening, an attempt will be made to notify you either by phone or letter of both selection for screening and the subsequent result. The best number to reach you is _____. An alternate number is _____.