

Williamsport Area High School
DRIVING PASS APPLICATION 2024-2025

Completed applications may be dropped off to Mrs. Blass A111 (Security Office)
Hours are: Tuesday/Thursday 9:30-2

Cost: FREE
Replacement Fee: \$5

Student Name: _____
Home Address: _____
City: _____ Zip Code: _____
Student Cell _____
Student Schoology email _____
Grade _____

Optional Parking Spot Request

1st Request: Lot__ Number____ 2nd Request: Lot__ Number____ 3rd Request: Lot__ Number____

Must present copy of: Driver's Licence

Primary Vehicle

License Plate _____ Make _____ Model _____ Color _____

Secondary Vehicle

License Plate _____ Make _____ Model _____ Color _____

Third Vehicle

License Plate _____ Make _____ Model _____ Color _____

Name of Insurance Carrier:

Your signatures below indicate that you have read, understood, and accept the conditions outlined, and recognize that any violation of these regulations may be grounds for the removal of driving privileges.

Student's Signature _____

Date _____

Parent/Guardian's Signature _____

Date _____ Cell Phone _____

Williamsport Area High School
STUDENT DRIVING REGULATIONS
2024-2025

To the Parent and Student:

The privilege of driving to the Williamsport Area High School on a daily basis carries with it a variety of responsibilities. Students must adhere to the following regulations if they are to retain that privilege.

1. Driving Passes will only be issued to students that meet the requirements of the Student Driving Policy and have been granted permission to drive by his/her principal and/or Security Officer.
2. Parking hangtags are to be attached to the rearview mirror of the vehicle that will be parked on campus.
3. Parking is only permitted in the appropriate sections of A/Gym Lot or B/Auditorium Lot your parking privileges will be revoked.
4. Respect any school official supervising campus traffic.
5. Speed limits are as follows: 15 mph on campus (parking areas and road parallel to football field) 25 mph on access roads.
6. Beware of and yield to pedestrian and bus traffic at all times.
7. Reckless driving of any kind will not be permitted and will result in report of such behavior to appropriate police authorities and driving privileges being revoked.
8. Vehicles, with the exception of school buses, are not permitted in the campus traffic loop between the hours of 7:00 a.m. - 4:30 p.m. Vehicles may not be left unattended in the parking loop at ANY time.
9. Posted directional signs and speed limits on campus and access roads must be followed.
10. All parking areas are considered **OFF LIMITS** during the school day. Pupils may not return to vehicles until after school has been dismissed.
11. **If you leave campus without permission your driving privileges will be revoked and you will also be subject to other discipline.**
12. "Drug Testing for Students in the General Student Body" forms must be signed and returned before consideration will be given to this application.
13. Driving to school is a privilege.
14. The school reserves the right to make periodic inspections and/or random searches of: lockers, back-packs/book bags, gym bags or similar items carried to school by students, as well as automobiles driven by students to school. Notice is not required prior to a search. However, reasonable attempts to notify the student will be made by school authorities prior to the search. Any illegal materials or contraband will be seized and may be used in disciplinary proceedings and may be turned over to police authorities.
15. If a different vehicle is driven, please report this to the Main Office upon arrival to make them aware.
16. **Tickets:** If you receive a parking ticket you are obligated to pay it promptly. After your third parking ticket you will receive a disciplinary referral in addition to the ticket. If you receive a sixth parking ticket, driving privileges will be revoked until all tickets are paid.

**Any violations of the student driving regulations, poor attendance, excessive tardiness
or inappropriate behavior MAY RESULT IN DRIVING PRIVILEGES BEING REVOKED.**

Reasonable Suspicion Drug Testing

Grade _____

Activity _____

INTRODUCTION

The Williamsport Area School District is committed to providing a safe, drug-free environment. Accordingly, the School Board has adopted a policy requiring participation by those involved in extracurricular activities and for voluntary participation by all students in a reasonable suspicion drug screen and breath testing program. The cost of the test, and if necessary the drug and alcohol evaluation, will be paid by the Williamsport Area School District. We appreciate your support, encouragement, and cooperation.

The School will attempt to contact parents or guardians and involve them in any referral for screening/testing. Test results will be released only to school officials as set forth in the policy, and may be released to those officials by Susquehanna Health System.

PERMISSION TO PARTICIPATE IN THE REASONABLE SUSPICION TESTING PROGRAM

1. I understand the purpose and ramifications of the drug testing program and agree to follow the procedure set forth by the District for positive results.
2. I understand that my son/daughter will not be punished by suspension or expulsion from school for a positive test result, provided he/she cooperates with any referral for counseling or treatment as outlined in School Board Policy #227.1.
3. **I hereby give my permission for the Williamsport Area School District or Susquehanna Health Systems to perform a urine drug screen or a breathalyzer test on my son/daughter, and the release of the results of said drug screen to officials of the Williamsport Area School District by Susquehanna Health System.**
4. **I hereby authorize all physicians providing care to my son/daughter to discuss results of tests with any District Official or Medical Review Officer in connection with test results obtained. The primary purpose for this release is to determine if there are any prescribed drugs which would yield a positive reading for my son/daughter.**
5. This Permission Form is effective for the 2024- 2025 school year, will therefore automatically expire June 30, 2025.

PLEASE PRINT Student's Name

Parent/Guardian Signature

Date

STUDENT ACKNOWLEDGMENT

I agree to participate in the urine drug screen and breath testing program. I have read and understand the information provided in this permission to test form and agree with all of the above statements.

Student Signature

White - Office Copy

Yellow - Student Services Copy

Date

Pink - Parent's Copy