

WEST DEPTFORD HIGH SCHOOL STUDENT PARKING APPLICATION

Decal # _____

**There is a parking fee of \$5.00 for the 2019-2020 school year.
*** RETURN THIS APPLICATION TO THE ATTENDANCE OFFICE:**

Starting - AUGUST 19th - 9:00am

Student Name _____ Gr. _____ requests
permission to drive a vehicle to and from school and to park on school grounds.

The following original documentation must be submitted before this application is processed.

VEHICLE INFORMATION

Make _____ Model _____ Color _____
Year _____ License Plate Number _____

DRIVER INFORMATION

License No.: _____
Insurance Provider: _____
Insurance Policy Number: _____

I verify that the foregoing information is complete and correct. If I receive permission to drive to school, I shall abide by the rules stated in the Student Handbook and BOE Policy. I realize that **no responsibility** is assumed by the school for any damage which may occur to cars while parking on school property. I know that I must have my driver's license, registration and insurance information in my possession at all times and will show them upon request. I understand that the right to park on school property is a **privilege** and may be revoked. I further understand that compliance with the Random Drug Testing policy is a prerequisite to gaining a parking permit. Completion of this form does not necessarily assure that a driving permit will be issued.

Student Signature _____ Grade _____ Date _____

Parent/Guardian Signature _____ Date: _____

For Office Use Only

Proof of the following:

- Driver's License
- Registration
- Insurance Provider Card/ Policy No.
- Random Drug Testing Permission Form
- Parking Fee (\$5.00) cash or check _____

WEST DEPTFORD SCHOOL DISTRICT

RANDOM ALCOHOL AND DRUG TESTING PROGRAM STUDENT CONSENT TO TEST FORM

I acknowledge that I have reviewed a copy of Policy 5536 and the "Administrative Procedures for the Alcohol and Drug Testing and Random Alcohol and Drug Testing Policy for Students" online or have requested a hard copy from the High School Main office. I have read and understand the purposes, requirements, and consequences of the Testing Program as described in those documents.

I authorize the West Deptford School District to conduct testing which will be provided on-site to test for alcohol and/or drugs if my identification number is randomly selected from the testing pool. I authorize the release of the information concerning the results of such tests to designated District personnel.

I acknowledge that the Medical Review Officer will contact the student and the student's parent(s)/guardian(s) if the test is positive. The purpose of this contact with the Medical Review Officer is to determine if there is an acceptable reason for the positive test result, in which case the test will be considered negative.

I understand that this Form remains in effect until the submission of an Activity Drop Form, graduation, withdrawal from the School District or until the next calendar school year.

Student Name (print) Grade

Student ID#

Student Signature

Date

Parent/Guardian Name (print)

Work Telephone

Parent/Guardian Signature

Date

Home Telephone

Mobile Telephone

It is understood that by checking one or more the following categories the student will be immediately placed into the Random Drug Testing Pool.

I plan to participate in one or more of the following:

- _____ Athletic Program
- _____ Extracurricular Activity
- _____ On-campus Parking
- _____ I am volunteering to have my child placed in the testing pool.