## FOR OFFICE USE ONLY:

Drug Testing Consent	Parking Ta	g #	
HHS STU	UDENT PARKING C	CONTRACT	
Student:	Student ID #	And the second second	Grade:
Year/Make/Model of vehicle:	Color:	Vehicle License Plate#	
Parent/Guardian Name:		Phone Number:	
Parking on campus is a privilege. The following are go follow. All student drivers and their Drug Testing Consent Form- All students wishing to Consent Form (attached to this form) and participate i to purchase a Hunt	parents are required to sign a Park purchase a Huntington High Scho	king Contract before a tag will be issu ol parking permit will be required to efusing to participate in drug testing	ied. sign a Drug Testing
P	ARKING REGULATION	ONS	
	al to indicate you have read ar		
	ered a privilege to park on school gother disciplinary action may occu g passes. NO REFUNDS WILL BE GI ing area. Students parking in designered by insurance. Cabell County School property.  er hour. Reckless and/or irresponsion recklessly, operate a motor vehicle shave been revoked may receive by to the parking lot, including tobe parked on school grounds. Excess driving and parking privileges. The parking and parking privileges. The particular to a search of such automobits your permit, misrepresenting a general to a search of such automobits grounds to switch the pass to and assigned the school year, the parking and forgets to switch the pass to and assigned the privilege at the bottom of the hill to avoid and offense.  de the following when regising Contract with Drug Testing	grounds. Suspension of parking priviler for parking violations.  VEN FOR SCHOOL CLOSURES.  Inated faulty, visitor, or handicapped schools and Huntington High School and Huntington High School are schools and Huntington High School and Huntington High School are schools are not to large the safety, here additional disciplinary consequence acco violations. Students are not to large tradies or absences (3 or more) as school will cooperate fully with policity of Education policy.  The of parking an automobile on school are any time a search is requested at any time a search is requested at any time as search is requested at the tradical registered with the school the remarking the registered with the school the registered with the school the traffic light will receive a warning the traffic light will receive a warning Consent Form	are NOT responsible of parking alth and/or s. oiter in the parking as well as chronic te investigations, I ground by the school a tag not registered cle. There is no ool, they must come te parked without a
	<ul> <li>Student's driver's lice</li> </ul>	ense	
I understand, and I am aware of t	the conditions within	this contract. I also und	derstand the
		ovisions of this contrac	
Parent Signature		Date	
Student Signature		Date	_

PLEASE COMPLETE DRUG TESTING CONSENT FORM AND TURN IN WITH CONTRACT

## **Drug Consent Form**

Section to be Filled Out by Activity Student, Driving Student, Simulated Work Place

Student or Opt-in Participant Please Print or Type: Student ID Number: Student's Last Name First Name MI I, the above named student, understand after having read the Student Drug Testing Policy and "Student Drug Testing Consent Form" that, out of care for my safety and health, Cabell County Schools enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Cabell County Schools interscholastic extra-curricular activity, one who drives and parks on school property, one who is enrolled in a simulated workplace program, or an Opt-in participant, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs any time while I am involved in in-season or off-season activities, driving, or enrolled in a simulated workplace program, I understand upon determination of that violation I will be subject to the restrictions as outlined in the Policy. Check all that apply:  $\square$  Activity Student  $\square$  Driving Student  $\square$  Opt-in Participant ☐ Simulated Workplace Program Student Signature of Student Date Section to be Filled Out by Parent/Guardian and Principal/Coach/Sponsor We have read and understood the Cabell County Schools Student Drug Testing Policy and "Student Drug Testing Consent Form." We voluntarily agree on behalf of the student named above that, in order to participate in interscholastic extracurricular activities; and/or to be granted permission to drive to and park on property of Cabell County Schools; and/or by enrolling into a simulated workplace program, and/or by electing to have him/her included in the testing pool as an Optin Participant, the student must submit to drug testing and must also agree to be subject to the terms of Cabell County Schools' drug testing policy. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing, and results as provided in Signature of Parent or Custodial Guardian Date Signature of Principal/Coach/Sponsor Team/Activity Date