CABELL MIDLAND HIGH SCHOOL

STUDENT DRIVING GUIDELINES WHILE ON SCHOOL PROPERTY

*Students planning to park at school must be prepared to follow these guidelines:*

1. Students must submit a valid driver's license, valid vehicle registration for primary vehicle, and printed copy of proof of insurance. ALL 3 DOCUMENTS & PAYMENT ($50.00) due at time of purchase, cash or check only.
2. Must be registered participant in the Cabell County School Board drug testing program (see attached Drug Orientation questionnaire & consent form; must be signed by parent and student, for random drug testing.)
3. Students must display their current CMHS parking permit in the windshield hanging on rearview mirror.
4. Students will park in the Student Parking lot and exit their vehicle immediately upon arrival.
5. You may not return to your vehicle during school hours without express permission from an administrator.
6. Use of your vehicle during school hours without expressed permission from an administrator will result in the loss/suspension of parking privileges and/or suspension as per Cabell County Code of Conduct.
7. Students must follow all traffic laws such as speed limits, stop and yield signs, handicap parking, parking area restrictions, etc.
8. Habitually tardy students will result in loss of parking privileges.
9. If you no longer need your permit, or if you withdraw from school or transfer to another school, you MUST turn your permit into the administrator. STUDENT PARKING PERMITS CANNOT BE SHARED WITH OTHER STUDENTS.
10. No refunds are given on parking permits
11. Student vehicles will be subject to random searches and/or searches for infraction of student code of conduct.

**\*\*\*Cabell County School and Cabell Midland High School will assume no responsibility**

**of damages/theft to your vehicle while parked on school property.**

**\*\* If you change vehicles during the year, you must report this to the office.**

# PRINT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Driver’s Name: | Grade: | | Student # | | |
| Vehicle Make: | Model: | | | Year: | Color: |
| Driver’s License # | Expiration Date: | | | | |
| Vehicle License Plate Number & State: | |  | | Expiration Date: | |
| Insurance Company: | | Policy Number: | | | |

STUDENT/PARENT ACKNOWLEDGES UNDERSTANDING AND ACCEPTANCE OF DRIVING GUIDELINES.

Student agrees to abide by the above terms and conditions of this application, failure to abide will result in loss of parking privilege and/or school discipline.

Signature of Student: Date:

Signature of Parent: Date:

|  |  |  |  |
| --- | --- | --- | --- |
| OFFICE USE ONLY |  |  |  |
| Drug Con: | Driver’s License: | Insurance: | Registration: |
| Cash $ | Check# | Permit # | EXCEL |

Student ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CABELL COUNTY SCHOOLS

STUDENT DRUG TESTING CONSENT FORM

To be filled out by Activity, Driving or Opt-in participant/student

Please print:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

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 or one who drives and parks on school property, or and 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 or driving, I understand upon determination of that violation, I will be subject to the restrictions as outlined in the Policy.

Check all that apply: □ Activity Student □ Driving Student □ Opt-in Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of student Date

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 extra-curricular activities; and/or to be granted permission to drive to and park on property of Cabell County Schools and/or by electing to have him/her included in the testing pool as an Opt-in 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 this program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Phone Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal/Coach/Sponsor Team/Activity Date

Drug Testing Quiz

Please print this quiz and answer the questions as you review the Drug Testing Policy. The quiz is to be turned in when you purchase your parking permit to provide verification that you completed the orientation.

1. Please list the date and time that you read the policy/orientation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Students who are drug tested are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ selected.
3. List three (3) drugs that are tested for by the drug testing company.
   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. An athlete who teste positive and is under a 1st offense will be drug tested \_\_\_\_\_\_\_\_\_ more times within the next calendar year.
5. A driving student who tests positive a second time loses their parking privileges for \_\_\_\_\_\_\_\_ school days.
6. What happens if you refuse to be tested after turning in your consent form?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CABELL COUNTY SCHOOLS

STUDENT DRUG TESTING CONSENT FORM

STATEMENT OF PURPOSE AND INTENT

Participation in school sponsored interscholastic extra-curricular activities and permission to drive to school and park on campus in Cabell County Schools is a privilege. Activity Students carry a responsibility to themselves, their fellow students, their parents and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs. Students who elect to drive a privately-owned vehicle to and from school and park on school property also carry an added accountability for the safe operation of a vehicle while on school property.

Drug use of any kind is incompatible with the physical, mental and emotional demands placed upon participants in interscholastic extra-curricular activities and upon the positive image these students project to other students and to the community on behalf of Cabell County Schools. For the safety, health and well-being of students who drive to school and/or participate in interscholastic extra-curricular activities in Cabell County Schools, the County has adopted the attached ***Student Drug Testing Policy and the Student Drug Testing Consent Form*** for use by all participating students at the high school level.

**Participation in Extra-Curricular Activities or Driving to School**

Each Activity Student and Driving Student shall be provided with a copy of the ***Student Drug Testing Policy and Student Drug Testing Consent Form*** which shall be read, signed and dated by the student, parent or guardian and coach/sponsor before such student shall be eligible to practice or participate in any interscholastic activities or before issuance of a driving/parking pass.

The Opt-in Participant and parent or custodial guardian shall also consent to read and sign a consent form.

The consent shall be to provide a urine or saliva sample:

1. As chosen by the random selection basis, and
2. At any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs.

No student shall be allowed to practice or participate in any activity governed by the policy or drive to school unless the student has returned the properly signed ***Student Drug Testing Consent Form***.

CABELL COUNTY SCHOOLS

STUDENT DRUG TESTING POLICY

An overview of Cabell County Board of Education Policy 5535

* Examples of items that are tested for include, but are not limited to:
* Alcohol, Marijuana, Performance-enhancing drugs

* Persons being tested are:
* Interscholastic extra-curricular activity students
* Students that drive and park on school property
* Opt-in participants

* Students can be randomly tested using equal probability of selection or upon reasonable suspicion – based on appearance, speech or behavior and/or information of illegal or performance-enhancing drug use.

* The types of testing used include, but are not limited to:
* Urine drug screening, oral/spit screening – Your privacy will be respected.

* Confidentiality – positive tests results may result in the designee at the central office, principal, head coach, and parent/guardian being notified.

* Consequences for Activity students include, but is not limited to:
* 1st offense: In order to continue in the activity-the parent/guardian must, within five (5) school days, show proof that the student has received drug counseling from a qualified drug treatment program or counseling entity.  The student will be tested three (3) more times within the next calendar year.
* 2nd offense: Suspension from activities for fourteen (14) calendar days and successful completion of a board approved substance abuse education/counseling program.  The student will be tested monthly for the remainder of the school year.
* Self-referral: A student who self-refers will be allowed to continue in the activity but will be considered to have committed his/her first offense.

* Consequences for Driving students include, but is not limited to:
* 1st offense: Driving privileges are immediately suspended until the parent or guardian submits proof that the student has received drug counseling.  Three (3) additional screenings will occur within the next calendar year.
* 2nd offense: Revocation of driving/parking privileges for 90 school days.  Student has to provide a negative test to drive after the ninety (90) day suspension and the student will be tested five (5) additional times over the next calendar year.

* Consequences for Opt-in students include parents being notified.

* Refusal to submit to drug use testing will result in student being ineligible for one (1) school year.

* Students will not be disciplined under the Student Code of Conduct Policy unless they have illegal substances on school grounds or are under the influence on school grounds.

* Negative results are reported within 24-48 hours.  Positive results are reported within 48-72 hours.

* A medical review officer will interpret results, review medications, talk with parents and report the results.