

# Cypress-Fairbanks ISD High School Student Parking Application 2009-2010

CAMPUS: \_\_\_\_\_  
NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_  
CITY, ZIP: \_\_\_\_\_  
STUDENT'S DRIVER'S LICENSE # \_\_\_\_\_  
PARENT'S/OWNER NAME: \_\_\_\_\_  
ADDRESS OF OWNER: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
ARE YOU AN EARLY RELEASE STUDENT? YES \_\_\_\_\_ NO \_\_\_\_\_

FOR OFFICE USE ONLY	
Parking Sticker #	_____
Type of Sticker:	_____
_____	Driver's License
_____	Proof of Insurance
_____	Permission Form
_____	Payment Received
	Cash \$ _____
	Check # _____

### VEHICLE INFORMATION

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR: \_\_\_\_\_  
LICENSE PLATE # \_\_\_\_\_ INSURANCE EXP DATE \_\_\_\_\_

- |   |
|---|
| <p><b><u>DOCUMENTS REQUIRED TO REGISTER VEHICLE:</u></b></p> <ol style="list-style-type: none"><li>1.) <b><u>Driver's License</u></b> - Copy of Student's valid driver's license.</li><li>2.) <b><u>Proof of Insurance</u></b> - Copy of proof of valid insurance for the vehicle.</li><li>3.) <b><u>Check/Cash for \$50.00</u></b> made payable to the campus.</li><li>4.) <b><u>Signed permission form</u></b> for Random Student Drug Testing (RSDT). Download from <a href="http://www.cfsd.net">www.cfsd.net</a></li></ol> |
|---|

### ACKNOWLEDGEMENT OF TOWING POLICY AND RECEIPT OF PARKING REGULATIONS BOOK

Vehicles shall be parked only in areas designated by the building principal for student parking. Motor vehicles that do not have a parking permit or are improperly parked shall be towed away by a bonded commercial wrecker. It shall be the responsibility of the student and/or owner of the vehicle to pay for towing and storage charges. The Assistant Principal's office is to notify the student and/or owner where the vehicle has been taken.

### Vehicles in the following areas may be towed:

- AREAS INDICATED AND MARKED AS "FIRE ZONES"
- AREAS BLOCKING ROADWAYS, DRIVEWAYS, OR INTERSECTIONS
- AREAS BLOCKING ENTRANCES IN SERVICE DRIVEWAYS FOR DELIVERY AND/OR MAINTENANCE VEHICLES
- AREAS INDICATED BY "NO PARKING TOW AWAY" SIGNS
- AREAS MARKED "RESERVED"
- AREAS FOR TEACHERS AND VISITORS ONLY

I acknowledge that I have read the parking and traffic regulations booklet regarding automobiles and parking and will abide by the regulations. I further understand that if my vehicle is parked illegally and it becomes necessary for it to be towed, all the expenses incurred will be my responsibility. **Also, I understand that my driving privileges and parking permit can be revoked without a refund, as a result of Code of Conduct violations such as, but not limited to: leaving school without permission (alone or with another person), violations of the Random Student Drug Testing policy, and violations of the parking regulations.** No sticker will be replaced unless the old sticker, or a large portion of it, is brought in to the Assistant Principal's office! Vehicles parked on school property are under the jurisdiction of the school. The school reserves the right to search any vehicle if reasonable cause exists to do so. Students have full responsibility for the security of their vehicles and will make certain they are locked and their keys are not given to others. Students will be held responsible for any prohibited objects or substances, such as alcohol, drugs, and weapons, that are found in their cars and will be subject to disciplinary action. Searches of vehicles may be conducted at any time there is reasonable cause to do so, with or without the presence of the student.

\_\_\_\_\_  
PARENT SIGNATURE                      DATE                      STUDENT SIGNATURE                      DATE

**Random Student Drug Testing  
Permission Form 2009-2010**  
Required for: Parking Permit &  
Extra-curricular Activity Participation

FOR OFFICE USE ONLY

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

\_\_\_\_\_ Campus

\_\_\_\_\_ Student's Legal First Name (Please Print)

\_\_\_\_\_ Student's Legal Last Name (Please Print)

\_\_\_\_\_ Date of Birth      \_\_\_\_\_ Student ID #

**AS A STUDENT:**

- I understand and agree that participation in extracurricular activities and the ability to purchase a parking permit are voluntary and a privilege. I understand that as part of my voluntary participation in competitive extracurricular activities and parking on campus, I am also consenting to participation in the school district's Random Student Drug Testing program. The list of competitive extracurricular activities is attached hereto and can also be accessed on the CFISD website ([www.cfisd.net/departments/safe&drugfreeschools/std.drugtesting](http://www.cfisd.net/departments/safe&drugfreeschools/std.drugtesting)).
- I understand that if I decline to consent to participation in the Random Student Drug Testing program that I will be unable to participate in competitive extracurricular activities or purchase a parking permit in the Cypress-Fairbanks Independent School District for the entire academic school year, 2009-2010.

**AS A PARENT/ GUARDIAN / CUSTODIAN:**

- I have read policy FNF (LOCAL) and understand that my child's participation in competitive extracurricular activities and/or his/her ability to purchase a parking permit is voluntary and a privilege. I understand that as part of my child's voluntary participation in competitive extracurricular activities and/or the purchase of a parking permit, I am consenting to his/her participation in the school district's Random Student Drug Testing program for the entire academic school year, 2009-2010.
- I understand that if I decline to consent to my child's participation in the Random Student Drug Testing program, my child will be unable to participate in competitive extracurricular activities or purchase a campus parking permit in the Cypress-Fairbanks Independent School District.

As evidenced by my signature below, I hereby consent to allow the student named above to undergo random drug testing for the presence of alcohol, illicit drugs and/or banned substances in accordance with applicable Board policy. I understand that the urine collection process will be overseen by a qualified vendor and that samples will be sent to a certified medical laboratory for testing, and that samples will be coded for confidentiality. I hereby consent to the vendor selected by the Cypress-Fairbanks Independent School District, its laboratory, doctors, employees, and/or agents to perform urinalysis testing for the detection of alcohol, illicit drugs and/or banned substances, and to confer with any necessary third parties regarding the results in order to confirm the results of the urinalysis. I further understand and consent to the vendor selected by Cypress-Fairbanks Independent School District, its doctors, employees, and/or agents, to release results of tests to the Cypress-Fairbanks Independent School District in accordance with Board policy. I understand that the consent granted herein is effective for the entire 2009- 2010 school year.

\_\_\_\_\_ PRINTED NAME Parent/ Guardian/ Custodian

\_\_\_\_\_ Daytime Phone Number

\_\_\_\_\_ SIGNATURE Parent/ Guardian/ Custodian

\_\_\_\_\_ Date

\_\_\_\_\_ STUDENT SIGNATURE

\_\_\_\_\_ Date

**REQUIRED – Academic year 2009-2010**  
**You MUST Check All Activities**  
**In Which YOU Will Participate or Plan To Participate**

- |  |   |
|--|---|
| <input type="checkbox"/> Band                      | <input type="checkbox"/> Robotics                       |
| <input type="checkbox"/> Baseball                  | <input type="checkbox"/> Science Olympiad               |
| <input type="checkbox"/> Basketball                | <input type="checkbox"/> SkillsUSA                      |
| <input type="checkbox"/> Bowling                   | <input type="checkbox"/> Soccer                         |
| <input type="checkbox"/> Cheerleading              | <input type="checkbox"/> Softball                       |
| <input type="checkbox"/> Choir                     | <input type="checkbox"/> Speech and Debate              |
| <input type="checkbox"/> Color Guard               | <input type="checkbox"/> Student Athletic Trainers      |
| <input type="checkbox"/> Cross Country             | <input type="checkbox"/> Swimming                       |
| <input type="checkbox"/> Destination Imagination   | <input type="checkbox"/> Technology Student Association |
| <input type="checkbox"/> Drill Team                | <input type="checkbox"/> Tennis                         |
| <input type="checkbox"/> Football                  | <input type="checkbox"/> Theatre                        |
| <input type="checkbox"/> Future Farmers of America | <input type="checkbox"/> Track                          |
| <input type="checkbox"/> Golf                      | <input type="checkbox"/> Volleyball                     |
| <input type="checkbox"/> JROTC                     | <input type="checkbox"/> Water Polo                     |
| <input type="checkbox"/> Orchestra                 | <input type="checkbox"/> Wrestling                      |
| <input type="checkbox"/> PAL Program               | <input type="checkbox"/> YLPA, YMPA, HOLA               |
| <input type="checkbox"/> Parking Permit Purchase   |   |

You must return the completed form to your campus administrator,  
respective coach, or sponsor before you can participate.