

Clearview Regional High School

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Thomas P. Jones
Assistant Principal

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Principal

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Assistant Principal

www.clearviewregional.edu

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Dear Clearview Driver:

Parking is a privilege at CRHS. You must maintain your attendance points and be in compliance with our attendance policy in order to keep your parking privilege. Poor attendance, or any other violation of the attached rules, will lead to loss of parking.

Seniors and Juniors, who have a valid New Jersey Drivers License and the registration for the vehicle they will be driving, may complete a Parking Application and Activities Drug Testing Consent Form. Please return completed forms to the Main Office as soon as possible. Parking spaces will be assigned upon receipt of completed forms. Decals will be available for pick up August 22, 2016 in the **High School Main Office**. The following items will be needed:

- 1) \$20.00 Parking Permit Fee
- 2) Valid Vehicle Registration
- 3) **Completed and signed** Parking Application Form by **Student and Parent/Guardian**
- 4) **Signed** Student Activities Drug Testing Form by **Student and Parent/Guardian**

* These items can be downloaded from our website at www.clearviewregional.edu.
Please navigate to the High School page and select the parking link.

Drivers must pick up their own permit. You must present your New Jersey Driver's License at the time of pick up. If you do not have a license at this time, you may not apply for a parking decal.

Enjoy the rest of your summer!

Sincerely,

Michael Holm
Assistant Principal

2016/2017 Parking Rules and Regulations

1. All parking permits will be purchased in the Main Office for \$20.00. Students will park in the assigned numbered student parking areas.
2. Students are not permitted to exit the High School down Toscano Alley. Only the Cedar and Breakneck Road exits may be used.
3. No student will be permitted to go to his/her automobile during the school day without obtaining permission from main office and signing out on appropriate form.
4. No car may be moved during the school day unless permission is obtained from the Assistant Principal's Office.
5. Smoking is not permitted in the automobile while it is on school property.
6. Speed limit, traffic patterns, and safe driving practices (ex. **seat belt usage**) will be followed while on school grounds. The speed limit on school property is 10 miles per hour.
7. No student will be permitted to transport other students away from school property before the school day ends (unless students are from the same immediate family and have parent permission).
8. Parking decals, obtained from the office, must be visible and affixed to the driver's side rear window.
9. All vehicles parked on school property are subject to inspection by school officials, law enforcement officials, and drug detection canines. Violations of a criminal nature will be prosecuted to the fullest extent.
10. **Decals are not transferable.** Parking will be revoked if given to another student for use.
11. Students who have exceeded their attendance points will have their parking privileges revoked and vehicles will be towed.
12. Leaving school grounds without permission will result in loss of parking for the remainder of the year.
13. If you have your Provisional New Jersey Driver's License, students are expected to adhere to all New Jersey rules and regulations (ex. **number of passengers**).
14. **As per Clearview Regional Board of Education Policy (5131.7), students who purchase a parking permit will be subjected to random drug testing during the course of the school year. Prior to students receiving their permit, students and their parents/guardians, must sign the Student and Parent/Guardian Consent Form. Students will not be issued a permit without this signed form.**
15. Parking is reserved for seniors/juniors who will routinely drive to school. If a spot is not used, it may be reassigned to another student.
16. The School District is not responsible for any damage or theft to any car or its contents.
17. As a result of N.J. Statute and information sharing with police, your parking privilege may be revoked for motor vehicle violations and complaints obtained off of school grounds. The school resource officer may also revoke parking at any time.

Please retain this for your records.

CLEARVIEW PARKING APPLICATION

Student's Name: _____

Driver's License #: _____ License Plate # _____

Make & Model of Car : _____ Color _____

I hereby give my son/daughter permission to drive the above mentioned car to and from school in accordance with State Law and School Regulations. I understand the right to park on school property is a privilege and will be revoked should there be an infringement of school policies, parking, or driving regulations. **Also, further understand that this vehicle, if parked on school property, is subject to inspection by school officials, law enforcement officials, and drug detecting canines.**

Please pick preferred lot depending on whether you come in from Breakneck Road or Cedar Ave.

Preferred Parking Lot (Entering from Cedar Ave.)

Lot A (Admin.) _____ Lot B (Main Office) _____

Preferred Parking Lot (Entering from Breakneck Road)

Lot C (Tennis Courts) _____ Lot D (Theater) _____

Junior Parking: (across street from Main Campus)

Lot E _____

Signature of Parent / Guardian _____ Date: _____

I have signed the Consent to Drug Testing

My child has signed the consent to Drug Testing

Approved: _____ Date: _____ Parking spot # _____

Student Activities Drug Testing Policy
Student Activities Consent to Testing

I, _____ (student name), hereby authorize the Clearview Regional High School District ("District") to conduct a test on a urine sample, which I provide to test for drug and/or alcohol use. I also authorize the release of information concerning the results of such a test to the Superintendent of Schools and to my parent(s) or guardian(s). I understand that the District may require that I provide a urine sample for testing prior to the start of each athletic season in which I will participate, and weekly thereafter on a random basis, pursuant to the Student Activities Drug Testing Policy. I have been given the opportunity to read the District's Student Activities Drug Testing Policy online and/or request a copy; I understand its terms, and agree to abide by the procedures described therein.

Student Name: (please print) _____

Student's Signature

Student's Grade

Date: _____

Sport/Activity

Student Activities Drug Testing Policy
Parent/Guardian Consent to Testing

I, _____ (parent/guardian name), hereby authorize the Clearview Regional High School District ("District") to conduct a test on a urine sample which will be provided by _____ (students name) to test for drug and/or alcohol use. I also authorize the release of information concerning the results of such a test to the Superintendent of Schools. I understand that the District may require that my child provide a urine sample for testing prior to the start of each athletic season in which he/she will participate, or at the start of a co-curricular activity, or prior to being granted parking privileges, and weekly thereafter on a random basis, pursuant to the Student Activities Drug Testing Policy. I have been given the opportunity to read the District's Student Activities Drug Testing Policy online and/or request a copy; I understand its terms, and agree to subject my child to the procedures described therein.

Parent/Guardian Signature

Date