

# Clearview Regional High School

625 Breakneck Road  
Mullica Hill, NJ 08062  
(856) 223-2790  
Fax: (856) 478-6705

**Keith M. Brook**  
*Principal*

**Thomas P. Jones**  
*Assistant Principal*

**Dawn F. Scalfaro**  
*Assistant Principal*

[www.clearviewregional.edu](http://www.clearviewregional.edu)

**Michael J. Holm**  
*Assistant Principal*

June 2019

Dear Clearview Driver:

Parking is a privilege at CRHS. You must maintain your attendance points and comply 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.

In order to drive to school and park on campus, all drivers must complete a bus waiver form. By consenting to waive transportation, we can increase efficiency in transportation and more accurately fill our buses. Seniors and Juniors, who have a valid New Jersey Drivers License and registration for the vehicle they will be driving, must complete a Parking Application and Activities Drug Testing Consent Form. Please return completed forms to the Main Office. Parking spaces will be assigned upon receipt of completed forms. The following items will be needed:

- 1) \$20.00 Parking Permit Fee (**CHECKS ONLY** made out to CRHS)
- 2) Valid Vehicle Registration
- 3) Drivers License
- 4) **Completed and signed** Parking Application Form by **Student and Parent/Guardian**
- 5) **Signed** Student Activities Drug Testing Form by **Student and Parent/Guardian**
- 6) Completed bus waiver form.

\* These items can be downloaded from our website at [www.clearviewregional.edu](http://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

## 2019/2020 Parking Rules and Regulations

1. All parking permits will be purchased in the Main Office for \$20.00 (**checks only**). Students will park in the assigned numbered student parking areas.
2. Students are not permitted to use Toscano Alley (connecting road from high school to middle school).
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. Smoking is not permitted in the automobile while it is on school property.
5. 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.
6. 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).
7. Parking decals, obtained from the office, must be used.
8. 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.
9. **Decals are not transferable.** Parking will be revoked if given to another student for use.
10. Students who have exceeded their attendance points will have their parking privileges revoked and vehicles will be towed.
11. 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**).
12. **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.**
13. 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.
14. The School District is not responsible for any damage or theft to any car or its contents.
15. 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

# FORM

## Clearview Regional BOARD OF EDUCATION

### Parental Transportation Services Waiver Form Student Transportation Services

*To be completed by the Parent/Guardian – Please Print*

I understand, that if eligible, the Clearview Regional Board of Education is obligated to transport

My child to and from school pursuant to N.J.S.A. 18A:39-1 *et. seq.*

In accordance with N.J.S.A. 18A:39-1c, I agree to waive said transportation services provided by

the Clearview Regional Board of Education. I understand that I will be responsible to provide

transportation for my child \_\_\_\_\_ to and from

*Student's Name*

\_\_\_\_\_ school each day and the Clearview Regional

*School of Attendance*

Board of Education will not be required to provide transportation services to my child for the

20\_\_\_\_/20\_\_\_\_ school year. I have received and read the Clearview Regional Board of

Education's Transportation Waiver Policy and agree to the terms for Waiving Transportation

Services. I understand I may reinstate my child's transportation services upon written request

and showing a need due to family or economic hardship as defined by the Transportation Waiver

Policy.

*Parent/Guardian Signature:* \_\_\_\_\_

*Parent/Guardian Printed Name:* \_\_\_\_\_

*Date:* \_\_\_\_\_ *Day Time Telephone:* \_\_\_\_\_

*Email Address:* \_\_\_\_\_

#### **For District Use Only:**

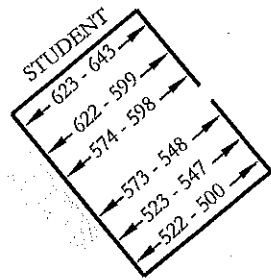
Date Waiver Received: \_\_\_\_\_

\_\_\_\_\_

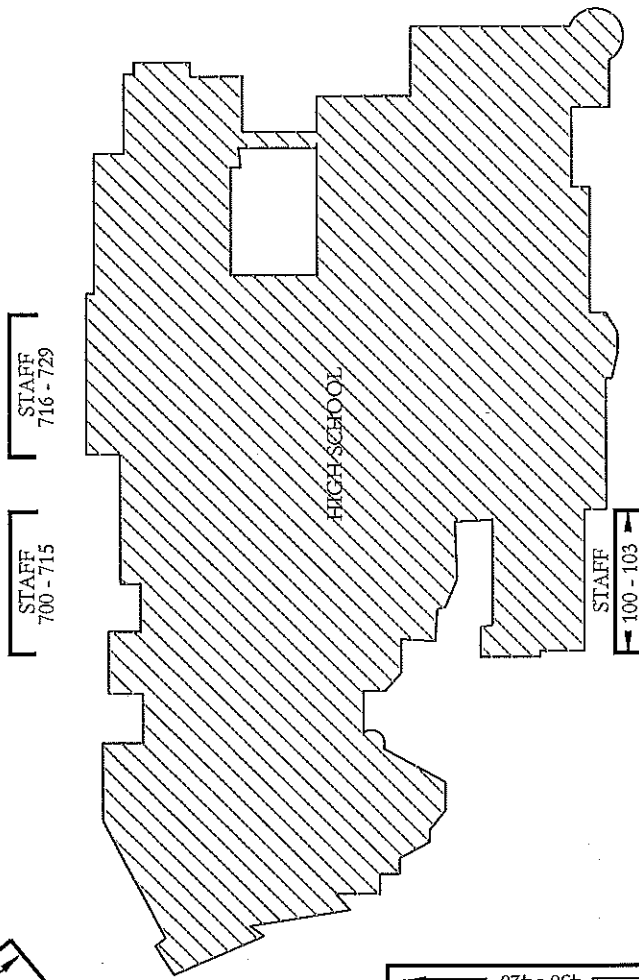
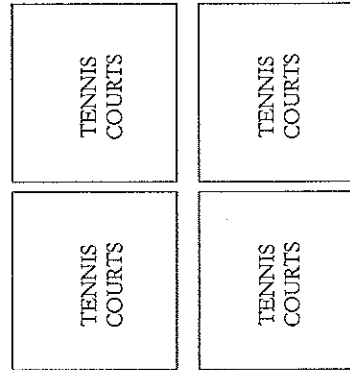
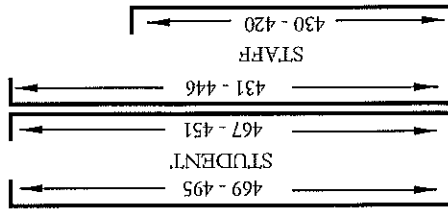
BOE Notification Date: \_\_\_\_\_

\_\_\_\_\_





ENTRANCE  
BREAKNECK RD



ENTRANCE  
CEDAR RD

CEDAR ROAD

BREAKNECK ROAD

# CLEARVIEW REGIONAL HIGH SCHOOL PARKING