

STUDENT VEHICLE REGISTRATION

2021-2022

*****Items needed: \$25, Proof of Insurance for the vehicle, License Plate Number and Drivers License.**

*****Incomplete forms will not be accepted**

FOR OFFICE USE	
Purchased On: _____	Permit No: _____

DRIVER INFORMATION Grade Level _____

Name: _____

Driver's License No: _____

Date of Birth: _____ **Student ID#** _____

Address: _____

Phone No: _____

OWNER INFORMATION

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone No.: _____

VEHICLE INFORMATION

Year: _____

Make: _____

Model: _____

Color: _____ **Type:** _____ (Pick Up, Van, Car, Motorcycle, SUV)

Vehicle License: State: _____ **No.:** _____

VEHICLE INSURANCE INFORMATION

Insurance Co.: _____

Names on Policy: _____

I will read and abide by the **Alvin High School/Manvel High School/Shadow Creek & Rise Academy** Handbooks governing the use of motor vehicles by students on school property. I understand that illegally parked vehicles and vehicles without a parking permit are subject to being towed at the owner's expense at any time. I understand that fines will be imposed and that my permit may be revoked at any time, if I should fail to abide by these regulations. I understand that parking on school property is a privilege granted by the Alvin ISD Board of Trustees. All vehicles that are parked on school property are subject to search with or without cause. I am responsible for violations by others driving my vehicle. I understand that Alvin Independent School District is in no way responsible for pilferage or damage to my motor vehicle while parked on school district property. **I will register with the Alvin ISD Police Department immediately if I (1) acquire a car, (2) acquire the use of a car, (3) change license plate numbers (4) My car is unable to be used and I have a loner, family member or rental.**

I understand that the parking permit will be placed on the inside of the **left** side of the windshield above the registration sticker. Failure to properly display a parking permit will result in disciplinary action.

I understand that all persons applying for a parking permit on the property of AISD are subject to random drug testing as adopted by school board policy.

Date

Signature of Student

Alvin Independent School District
STUDENT AND PARENT/GUARDIAN CONSENT TO RANDOM DRUG TESTING
Shadow Creek High School 2021-2022

Last Name	First Name	Middle Initial	Grade Level
Shadow Creek High School, Student I.D. Number			Home Phone ()
SCHS Activities Student Involved In (Example: Band, One-Act Play, FFA, Baseball, etc)			SCHS Driving Permit Yes No
Name of Parent/Guardian			Business/Cell Phone ()

Statement of Purpose and Intent

Participation in after school extracurricular activities and/or parking on campus in the Alvin Independent School District (herein after referred to as the 'District') is a privilege. These 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 of illegal drugs, performance-enhancing drugs, and/or alcohol.

Participation

Each student who desires to participate in competitive after school extracurricular activities and/or parking permit privileges shall be provided with written information regarding the District's random drug testing policy and a '*Student and Parent/Guardian Consent to Random Drug Testing*' form which shall be read, signed, and dated by the student, parent and/or person otherwise in lawful control of the student. The consent requires the student to provide a urine sample to be tested for illegal drugs, performance-enhancing drugs, and/or alcohol when chosen through the random selection process. No student shall be allowed to practice or participate in any competitive after school extracurricular activities and/or parking permit privileges until the '*Student and Parent/Guardian Consent to Random Drug Testing*' form is properly signed and returned.

Student Authorization

I, the above-named student, understand after having read the information regarding the District's random drug testing that, out of care for my health and safety and that of other students, the District will enforce the rules applying to the use of illegal drugs, performance-enhancing drugs, and/or alcohol. As a member of one of the groups designated for inclusion in random drug testing, I realize that the personal decision that I make daily in regard to the consumption/use of illegal drugs, performance-enhancing drugs, and/or alcohol may affect my health and well being as the possible endangerment of those around me and reflect upon the group with which I am associated. If I choose to violate the random drug testing policy regarding the use of illegal drugs, performance-enhancing drugs, and/or alcohol any time while I am involved in any activity, including in-season or off-season activities, and/or parking permit privileges, I understand upon determination of the violation, I will be subject to restrictions as outlined in the random drug testing policy.

Signature of Student Participant	Date
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Parent/Guardian Authorization

We have read and understand the District's random drug testing policy. As the parent and/or person maintaining lawful control of the above-named student, we desire that he/she participate in the competitive after school extracurricular activities and/or parking permit privileges of the District, and we hereby voluntarily agree to be subject to the terms of the random 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, results, and restrictions as provided in the program.

Signature of Parent/Guardian	Date
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