

# CABELL MIDLAND HIGH SCHOOL

## STUDENT DRIVING GUIDELINES WHILE ON SCHOOL PROPERTY

Students planning to drive to school must be prepared to follow these guidelines

1. Student must submit a copy of a valid driver's license, valid registration, current proof of insurance and be a registered participant in the Cabell County School Board drug testing program (See attached form – must be signed by parent/guardian).
2. Student must have a current CMHS parking permit for the current school year in order to park.
3. **Parking Permit Cost is \$40.**
4. Cars must be parked in the student parking lot. Student ***must exit vehicle immediately on arrival.***
5. Failure to display parking permit and/or properly register vehicle with the office and/or neglect to follow any of the CMHS driving rules will result in loss of parking privilege and/or school discipline.
6. Students may NOT return to their vehicle during school hours without permission.
7. Use of your vehicle without written permission from an administrator will result in the loss of parking privileges and/or suspension as per Cabell County Code.
8. Student must follow all traffic laws such as speed limits, stop and yield signs, etc. Failure to so will result in loss of parking lot privileges and/or school discipline.
9. **Students who do not secure a parking permit, may not park on school property.**
10. The security guard will collect parking tags each day for students that are tardy. They will be hole punched and returned. After three punches, the student will lose driving privileges for ten days.
11. More than ten consecutive or fifteen total unexcused absences will constitute the school filing a Revocation of Drivers' License as required by State Law.
12. 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 it to the office.

STUDENT DRIVERS' NAME \_\_\_\_\_ GRADE: \_\_\_\_\_

Vehicle Year/Model \_\_\_\_\_ Make \_\_\_\_\_ Style \_\_\_\_\_ Color \_\_\_\_\_

Drivers' License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Vehicle License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Parking Permit # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

**STUDENT/PARENT ACKNOWLEDGES UNDERSTANDING AND ACCEPTANCE OF DRIVING GUIDELINES.**  
Student agrees to abide by the above terms and conditions of this application.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ ID# \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

DRUG FORM \_\_\_\_\_ ORIENTATION QUIZ \_\_\_\_\_ DRIVERS' LICENSE \_\_\_\_\_ INSURANCE \_\_\_\_\_ REG \_\_\_\_\_ \$40 \_\_\_\_\_