



# *Northern Cambria High School*

813 35<sup>TH</sup> Street  
Northern Cambria, Pennsylvania 15714  
Telephone 814-948-6800  
Fax 814-948-5180



*“Pride in Our Schools And Community”*

**Alan J DuBreucq**  
Principal

## **Northern Cambria High School Student Parking**

**The Northern Cambria School District believes that driving to school and parking on school property is a privilege and not a right since bus transportation is provided by the school district.** The purpose of this policy is to provide the safest environment possible for the students and staff of the Northern Cambria School District. For the safety of all students, vehicles must be registered at the high school and a permit visible in the vehicle. The cost of a parking permit is \$3.00. **If you purchased a tag last year you can reuse this at no cost. You must bring the tag into the school when you register your vehicle.** The student will be responsible for the cost of a replacement permit if the original is lost or damaged.

If a student wishes to drive to school, the following guidelines and requirements must be followed:

- 1. Students must register with the High School office to receive a parking permit. The permit must be displayed on the rear view mirror. A student must present a valid driver's license to receive a driving permit. The permit is transferable from one vehicle to another in cases where a student may be permitted to drive several vehicles. All vehicles must be registered.**
- 2. Students must park in their designated parking spot.**
- 3. Students must drive in an appropriate and safe manner.**
- 4. Students must abide by all traffic laws and parking regulations.**
- 5. Parking Permits will NOT be issued after the 92 student parking spaces have been exhausted.**

Completing and signing the Northern Cambria School District Permission to Drive form gives the school district and medical testing center the right to perform random drug testing as governed by the approved Northern Cambria School District Drug Policy. In the event that a positive drug test is obtained, the Northern Cambria School District drug policy will be followed.

Students who are granted the privilege to drive to school understand that they are subject to the random drug testing policy of the Northern Cambria School District. The test will be confidential as stated in the drug testing policy of the district, with the cost of the test being covered by the Northern Cambria School District. Students also understand that their vehicles may be subject to a canine sniff search. Students that are granted permission to drive also understand that since the parking pass is a privilege, it may be suspended for a period of time, or revoked permanently depending on the situation.

**Vehicles parked without a designated Northern Cambria parking permit displayed may be towed at the owner's expense.**

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## STUDENT INFORMATION:

NAME: \_\_\_\_\_ PASSENGERS PERMITTED: YES \_\_\_ NO \_\_\_  
LICENSE # \_\_\_\_\_ GRADE: \_\_\_\_\_ HOME ROOM: \_\_\_\_\_

## VEHICLE INFORMATION:

### VEHICLE #1

PLATE #: \_\_\_\_\_ VEHICLE MAKE: \_\_\_\_\_  
YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_

**CHECK IF THE FOLLOWING INFORMATION IS THE SAME FOR ALL VEHICLES**

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

### VEHICLE #2

PLATE #: \_\_\_\_\_ VEHICLE MAKE: \_\_\_\_\_  
YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

By signing this document I agree that I am the registered owner of the above vehicle(s) and that the above listed student has permission to drive my vehicle to and from school. **I am also aware that driving and parking on school property are privileges and the student's parking permit can be suspended or revoked.** I agree to let Northern Cambria School District perform random drug tests as set forth in the Northern Cambria School District Drug Policy, and I am aware that my vehicle may be subjected to canine drug searches.

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

As a student at Northern Cambria High School I agree to follow the regulations set forth in the Northern Cambria Student Parking Policy.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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