Iowa Colony High School
2026-2027
Student Parking Permit Information

Permit Requirements:

- ☐ Fill out the attached forms completely (All forms and items listed below must be turned in to Mrs. Baker in the Front Office) ***Incomplete forms will not be accepted***
- ☐ Driver's License (no learner's permits allowed)
- ☐ Proof of Insurance for vehicle being driven with student listed as driver on the policy
- ☐ $25.00 fee for student parking permit sticker - Cash, Check (made to ICHS) or Credit Card
- ☐ Student must be clear of any fines/fees/parking tickets

Frequently asked questions:

Where does the permit sticker go?

Place the parking permit on the inside of the windshield, on the left side, directly above your registration sticker.

Where do I park?

Student parking lot **ONLY**. There is **NO** parking in the Staff or Visitor parking. **NO OFF CAMPUS PARKING ALLOWED.**

How do I get a temporary parking permit?

If you need to drive a different vehicle to school for a short duration after purchasing your regular student parking permit, a temporary permit can be issued. Please see Mrs. Baker in the front office immediately upon arriving at school to obtain one.

What if I receive an ICHS parking ticket/citation?

Parking tickets can be paid to Mrs. Baker in the front office or at the Police Dispatch Office. If a citation is issued for a "No Valid Parking Permit" while the vehicle is parked in the *Student Parking Lot,* the ticket will be dismissed only if a STUDENT PERMIT is purchased for that specific vehicle within 30 days of the citation. Please note that ONLY 1 TICKET WILL BE DISMISSED, AND YOU ARE RESPONSIBLE FOR ALL OTHER TICKETS YOU MAY RECEIVE.

Can I contest a parking ticket?

ICHS Police Dispatch Office has the appropriate form. Please fill it out and leave with the PD office. The form will be forwarded to the Alvin ISD Police Supervisor for consideration.

Can I be randomly drug tested?

Each student who obtains a parking permit **may** be subject to random drug testing.

IF YOU HAVE ANY FURTHER QUESTIONS PLEASE CONTACT ALVIN ISD POLICE DEPARTMENT DISPATCH AT 281-331-2320

More information on student parking can be found in the student handbook.

STUDENT VEHICLE REGISTRATION

2026-2027

*****Items needed: $25, Proof of Insurance with driver name on policy, License Plate Number and Driver's License.**
*****Incomplete forms will not be accepted. License plate or Temp Plate must be entered.**

FOR OFFICE USE
Purchased On: _____ **Permit No:** _____

DRIVER INFORMATION **Grade Level** _____

Name:_____

Driver's License No:_____

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

Address:_____

OWNER INFORMATION

Name:_____

Address:_____

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

Phone No.:_____

VEHICLE INFORMATION

Year:_____

Make:_____

Model:_____

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

VEHICLE INSURANCE INFORMATION

Insurance Co.:_____

Names on Policy:_____

_____

License Plate Number : _____ State:_____ Forms without plate will be returned.

I will read and abide by the **Alvin HS/Manvel HS/Shadow Creek HS/Iowa Colony HS/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

Form Revised: 07/22/2025

Alvin Independent School District
STUDENT AND PARENT/GUARDIAN CONSENT TO RANDOM DRUG TESTING
IOWA COLONY HIGH SCHOOL 2026-2027

Last Name	First Name	Middle Initial	Grade Level
ICHS Student I.D. Number			Home Ph ( )
ICHS Activities Student Is Involved In (Example: Band, Theatre, FFA, Baseball, etc)			ICHS Parking Permit Yes No
Name of Parent/Guardian			Cell Ph ( )

Statement of Purpose and Intent

Participation in after school extracurricular activities and/or parking on campus in the Alvin Independent School District (hereinafter 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

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