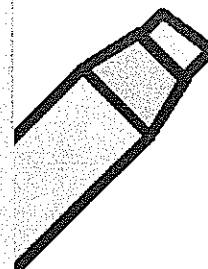
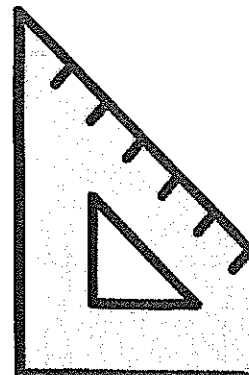
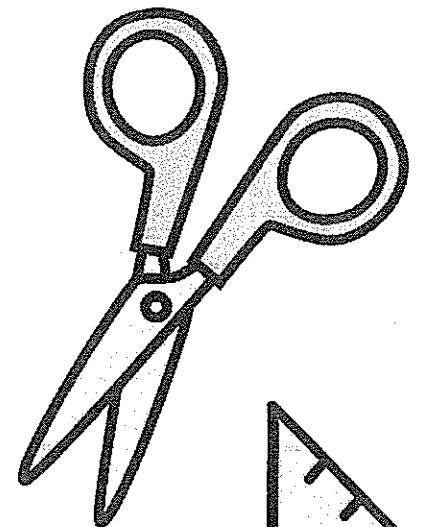
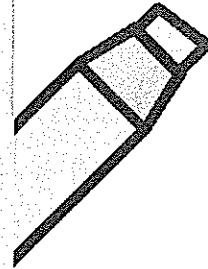
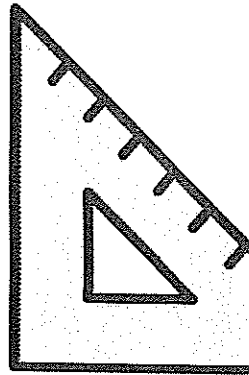
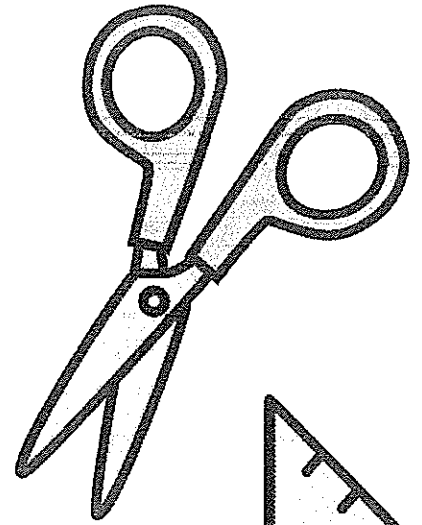


# LAPTOP & CLASS SCHEDULE CHECKLIST

- COMPLETE ONLINE REGISTRATION
- SCHEDULE PICKUP TIME (ONLINE)
- SIGNED LAPTOP AGREEMENT
- \$25 INSURANCE DEPOSIT FOR COMPUTER
- VEHICLE PERMIT
- RANDOM STUDENT DRUG TEST PERMISSION FORM
- HANDBOOK/CODE OF CONDUCT ACKNOWLEDGEMENT FORM- (PLEASE REVIEW DOCUMENTS ON THE AISD DISTRICT WEBSITE - BEFORE SIGNING)





# Albany High School

P.O. Box 2050, Albany, Texas 76430 325/762/3974 FAX 325/762/3850

## Albany High School Vehicle Permit

1. Only licensed drivers may bring motor vehicles to school.
2. The Speed Limit around the school is 15 M.P.H.
3. Students driving private vehicles to school should park their vehicle in the Northeast parking lot.
4. Students will be discouraged from sitting in their vehicles or moving their vehicles during school hours. The campus principal or front office personnel may give special permission.

Please return this permit form to the High School Office.

\_\_\_\_\_ has my permission to use private transportation to and from school. The license number on his/her vehicle is \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Random Student Drug Testing Permission

Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Print Student Name: \_\_\_\_\_

I understand and agree that participation in extracurricular activities is voluntary and a privilege.

I understand that as part of my voluntary participation in extracurricular activities, I am also consenting to participation in the school district's Random Student Drug Testing Program.

I understand that if I decline to consent to participation in the Random Student Drug Testing Program that I will be unable to participate in competitive extracurricular activities in the Albany Independent School District.

I will complete the reverse side of this form indicating activities.  
AS A PARENT/ GUARDIAN / CUSTODIAN:

I have read policy FNF (LOCAL) and understand that my child's participation in extracurricular activities is voluntary and a privilege.

I understand that as part of my child's voluntary participation in extracurricular activities, I am consenting to his/her participation in the school district's Random Student Drug Testing Program.

I understand that if I decline to consent to my child's participation in the Random Student Drug Testing Program, my child will be unable to participate in competitive extracurricular activities in the Albany Independent School District.

As evidenced by my signature below, I hereby consent to allow the student named above to undergo random drug testing for the presence of alcohol, illicit drugs and/or banned substances in accordance with applicable Board policy. I understand that the urine collection process will be overseen by a qualified vendor and that samples will be sent to a certified medical laboratory for testing, and that samples will be coded for confidentiality. I hereby consent, the vendor selected by the Albany Independent School District, its laboratory, doctors, employees, and/or agents to perform urinalysis testing for the detection of alcohol, illicit drugs and/or banned substances. I further understand and consent to the vendor selected by Albany Independent School District, its doctors, employees, and/or agents, to release results of tests to the Albany Independent School District in accordance with Board policy. I understand that the consent granted herein is effective for all activities in which the above-named student might participate during the school year.

---

Printed Parent/ Guardian/ Custodian Name Daytime Phone Number

---

Parent/ Guardian/ Custodian Signature & Date

---

Student Signature & Date

**REQUIRED – Academic year**  
**You MUST Check All Activities**  
**That You Will Participate Or Plan To Participate In**

- Academic Competition (UIL)
- Band
- Baseball
- Basketball
- Cheerleading
- Choir
- Cross Country
- Drill Team
- Football
- Future Farmers of America
- Golf
- Softball
- Speech and Debate
- Student Athletic Trainers
- Tennis
- Theatre
- Track
- Volleyball

In order for students to participate in these extracurricular activities, this form must be completed and returned to your respective coach or sponsor.

**Appendix N: Signature Form due: BEFORE August 18, 2020**

By signing this page, I have read and agree to all the information and agree to receiving it electronically. Paper copies can be requested from the High School Office. Refusing to sign does not absolve any student from abiding all the rules and regulations set forth in the AJSH Handbook, appendices, Extracurricular Code of Conduct and AISD Code of Conduct.

Student Handbook: AJSH Student Handbook

Student Code of Conduct: AISD Student Code of Conduct

Acceptable use of an Electronic Communications System: Appendix G of AJSH Student Handbook.

My child May Use.                       My Child May NOT Use.

Extracurricular Code of Conduct: Appendix H of AJSH Student Handbook.

Cell Phone Policy: Appendix M of the AJSH Student Handbook.

Parent Permission for Student/s to Leave Campus: Pg. 40 of AJSH Student Handbook

My child may leave campus.                       My child **may not** leave campus for activities.

Corporal Punishment: Pg. 7 of AISD Student Handbook. FO (LOCAL), FO(LEGAL).

\* If you do not want corporal punishment administered attach to this form "a written, signed statement prohibiting the use of corporal punishment as a method of student discipline". FO(LEGAL).

**Publications, Video, Interactive TV, and Internet Consent**

My child's name, art work, written work, voice, or picture (video or still) may appear in any school publicity or publication, school buildings, school videos, or website.

May be used.                                       May not be used. (Includes the yearbook.)

**Directory Information:**

- Consent to release all information listed below for limited school sponsored purposes.
- Consent to only release:       Name;                       Address,                       Phone #,
- Email.                                       Photo,                       Recent School Attended,
- Degrees/Honors,                       Grade Level,                       Activity Participation,
- Ht./Wt. for rosters: for limited school sponsored purposes.
- DO NOT consent to release ANY information about child without written consent.

Title I A Pact: Appendix K of AJSH Student Handbook

As a parent of a student at Albany High School:

I have read the Title I Part A parent and student pacts.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date