

Thompson Falls High School Student Authorization to Park on District Property

Parents and Students:

Please read together and after signing, return this document to the school.

By exercising the privilege of parking on District property, including school parking lots, I acknowledge that I do not have any expectation of privacy in the odors emanating from my vehicle which may alert a human or a canine to the presence of alcohol, tobacco/vapor products/alternative nicotine products, illegal drugs, drug paraphernalia or weapons. I acknowledge that I have received notice from the District that it may use trained dogs to sweep for the presence of alcohol, tobacco/vapor products/alternative nicotine products, illegal drugs, marijuana, drug paraphernalia or weapons.

By exercising the privilege of parking on District property, including school parking lots, I consent to the District's unannounced deployment of trained dogs around my vehicle while parked on District property, including school parking lots.

Student Name (print) _____

Student Signature _____

Grade ____ Date Signed _____

For students under the age of 18:

I have read this Agreement and have discussed it with my child:

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Date Signed _____