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| --- |
| **STUDENT’S NAME:**  |
| ***PARKING TAG NUMBER ASSIGNED:***  |
| DRIVER’S LICENSE #:  |
| LICENSE PLATE #: |
| YEAR/ MODEL/ COLOR OF VEHICLE: |

**PARKING AGREEMENT 2022-23**

Randolph County Schools provide bus service for most students. This is the safest, most dependable way to get to school. We would prefer all students be transported by bus. Being authorized to drive a private vehicle on school grounds is a privilege. In order to maintain such privileges, students must abide by stipulations outlined in the parking agreement, signed by both the student and the parent. Unauthorized driving, reckless driving, and excessive speed will not be permitted.

**To obtain a parking pass, students must present the following:**

1. Valid driver’s license
2. Valid registration for primary vehicle
3. Valid insurance statement for primary vehicle
4. Signed parental consent form
5. Student drug testing agreement form signed by parent and student
6. At least a 2.0 G.P.A. for the most recent completed semester

**To obtain and maintain a parking pass, students must comply with the following school regulations**:

1. Student drivers must purchase their own permit at a cost of $50.00 per year. (There will be no refund for violations that result in exclusion of the parking privileges.) PARKING PERMITS ARE NON-TRANSFERABLE AND NON-REFUNDABLE.
2. Permits must be visible, on rear-view mirror.
3. Students must park in designated areas - cars must face in on paved parking space.
4. Students given authorization to park at school will not go to the parking area until the designated time to leave school grounds without permission from a school official.
5. If a vehicle is used to leave school for a reason that is not authorized by the school administration, the student will forfeit his/her parking privilege for 30 school days and receive 2 days After School Intervention (ASI.) Upon the 2nd offense, student will lose his/her parking privilege for the remainder of the school year, and will receive one day Out of School Suspension (O.S.S.) (There will be no refund on parking fee due to loss of privilege.) **Driver’s initials required here, verifying you have read: \_\_\_\_\_\_\_**
6. Students in automobiles on school property are subject to the same behavior expectations as outlined for students in the building.
7. **Students who are tardy more than six times to 1st block, or upon reporting to school for the day, in a semester, will have their parking privileges revoked for a two week period. If another tardy occurs, driving privileges will be revoked for remainder of semester with no financial refund for parking pass. AGAIN, NO MONIES WILL BE REFUNDED SHOULD YOU LOSE YOUR PARKING PRIVILEGES. Driver’s initials required here, verifying you have read: \_\_\_\_\_**\_\_
8. Any student demonstrating unsafe driving practices on school property will lose parking privileges. **(1st offense-5 days. 2nd offense- 20 days. 3rd offense- permanent revocation of parking privileges).**  All students are required to use the north parking lot exit next to the power company on Kennedy Dr.

**Driver’s initials required here, verifying you have read: \_\_\_\_\_\_\_\_**

**\*Noncompliance of parking rules will result in the towing of the vehicle at the owner’s expense and confiscation of the parking tag *without prior warning*.**

We have read and understand the rules for obtaining a parking permit and we agree to follow these rules and understand that failure to follow these rules may result in the forfeiture of parking privileges. **\***Parking tags are nontransferable and non-refundable.

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Student Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature Date

**STUDENT DRUG TESTING FORMS**

**STUDENT SECTION:**

**Section to be completed by Activity Student, Driving Student or Opt-In Participant**

**MUST BE COMPLETED AND RETURNED TO SCHOOL BY SEPTEMBER 1ST OR FIRST DAY OF SECOND SEMESTER.**

**Please Print or Type:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_**

Student’s last name First name MI

I, the above named student, after having read the ***Student Drug Testing Policy*** and “Student Drug Testing Consent Form,” understand that, out of care for my safety and health, Randolph County Schools enforces the rules applying to the consumption or possession of illegal and performance enhancing drugs. As a member of a Randolph County School interscholastic extra-curricular activity, or one who drives and parks on school property, or an opt-in participant, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being, as well as the possible endangerment of those around me, and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs at any time while I am involved in in-season or off-season activities or driving, I understand upon determination of that violation I will be subject to the restrictions as outlined in the Policy.

**Check all that apply: \_\_\_\_\_ Activity Student**

 **\_\_\_\_\_ Driving Student**

 **\_\_\_\_\_ Opt-in Participant**

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Student Signature Date

**PARENT SECTION**

**Section to be completed by Parent/Guardian and Principal/Coach/Sponsor**

I have read and understand the Randolph County Schools’ ***Student Drug Testing Policy*** and “Student Drug Testing Consent Form.” **I voluntarily agree on behalf of the student named above that, in order to participate in interscholastic, extra-curricular activities; and/or to be granted permission to drive to and park on property of Randolph County Schools; and/or by electing to have him/her included in the testing pool as an opt-in participant, that he/she must submit to drug testing and must also agree to be subject to the terms of Randolph County Schools’ drug testing policy.** I accept the method of obtaining hair samples, testing and analysis of such specimens, and all other aspects of the program. I further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

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Parent/Guardian Signature Date

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Principal/Coach/Sponsor Signature Date