RIDGELAND HIGH SCHOOL PARKING AGREEMENT 2025-2026

All student vehicles must be registered by completing the form below. The form must be fully completed to receive a decal, and any changes to the provided information must be reported to the office. Vehicles must display the decal at all times, affixed to the inside windshield on the driver's side in the top corner. The parking decal costs $20.00 and can only be registered to one vehicle. Temporary decals are available for $5 per week as needed.

No student is permitted to operate a vehicle on Ridgeland High School campus without completing this form, providing the required documents, and submitting payment. Additionally, students must provide updated proof of insurance as necessary. Learner's permits cannot be used to obtain parking decals.

Please print all information legibly.

Student Information:

- Student's Name: _____
- Grade: _____ Decal Number: _____

Vehicle Information:

- Vehicle Make: _____ Model: _____ Color: _____
- Car Tag Number: _____ County: _____ State: _____

Driver's License Information:

(Attach a copy of Driver's License — Required)

- Driver's License Number: _____ Expiration Date: _____

Proof of Insurance:

(Attach a copy of current insurance card — Required)

- Insurance Company Name: _____
- Policy Number: _____
- Expiration Date: _____

Payment Information:

- Pay Online at: https://square.link/u/G1sWFpuH
- Payment Date: _____

PARKING LOT RULES AND PROCEDURES:

1. **Assigned Parking Only** - Students must park only in their designated spaces. The parking decal you receive corresponds to your assigned spot and must be clearly displayed on the inside of the windshield, driver's side, top corner. Decals are non-transferable and must remain with the registered vehicle.
2. **Designated Student Areas** - Student parking is allowed only in the designated student parking areas. Parking in unauthorized zones is considered a violation.
3. **Arrival Procedure** - Upon arrival, students must exit their vehicles promptly and proceed to designated campus areas. Do not wait in your vehicle or wait for a monitor's instruction to exit.
4. **Driving Behavior** - Reckless driving or failure to follow the instructions of traffic monitors will result in immediate loss of driving privileges.
5. **Respect for Monitors** - Disobedience or disrespect toward parking lot monitors will result in a disciplinary referral and may lead to consequences such as In-School Detention (ISD), Out-of-School Suspension (OSS), or loss of driving privileges.
6. **Occupied Assigned Spots** - If another vehicle is parked in your assigned spot, record the decal number, license plate, and spot number. Report the situation to the Front Office.
7. **Parking Procedure** - Students must pull forward into their parking spaces. Backing into spaces is not permitted.
8. **Parking Violations** - The following are considered parking violations and will be addressed through appropriate disciplinary measures:
    - Parking in a non-assigned space or outside designated student areas (including faculty/staff parking).
    - Parking in a handicapped space, fire lane, or any space without a valid RHS student decal.
    - Failure to display a decal, or use of a lost, stolen, or altered decal.
    - **Lost or stolen decals must be replaced at full cost.**

We require everyone's cooperation to maintain a safe and fair campus. Remember, driving to school is a privilege, not a right. Failure to follow these rules may result in losing that privilege. Responsible behavior and safe driving ensure safety for everyone. By signing below, both the student and parent/guardian acknowledge that they have read, understand, and agree to abide by the Ridgeland High School Parking Agreement rules and procedures. Furthermore, they accept that failure to comply with these rules may result in disciplinary actions as outlined in this agreement.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Thank you for completing the Ridgeland High School Parking Agreement. Please ensure all required documents are attached.

Madison County Schools
Student Drug Testing Consent Form

Statement of Purpose and Intent

Participation in school-sponsored extracurricular activities and driving on campus in the schools of the Madison County School District is a privilege. Activity Students and Student Drivers have a responsibility to themselves, their fellow students, their schools, their families, and their community to set the highest possible examples of conduct by avoiding the use or possession of illegal or performance-enhancing drugs.

Drug use of any kind is incompatible with participation in extracurricular activities and for driving a vehicle on school campuses in the Madison County School District. For the safety, health, and well being of all students, Madison County Schools has adopted a policy of using an independent testing laboratory to conduct random drug testing of all students at middle schools and high schools in the District who participate in certain extracurricular activities, whether or not the activity is in off season or in season (an "Activity Student"), and students who purchase a parking decal/permit to drive on campus (a "Student Driver".)

Participation in Extra-Curricular Activities

Each Activity Student or Student Driver shall be given a copy of the Student Random Drug Testing Policy and Student Drug Testing Consent Form. Both the student and the student's parent or legal guardian must read, sign, and date the Student Drug Testing Consent Form before the student shall be eligible to practice or participate in the listed extracurricular activity or purchase a parking decal/permit to drive on campus. To be eligible to participate in or practice with certain extracurricular activities or to purchase a parking decal/permit to drive on campus, the consent shall be (a) to give a urine sample; (b) if chosen on a random selection basis; or (c) at any time requested based on reasonable suspicion of the use or possession of illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any activity governed by this policy or to purchase a parking decal/permit unless the student has returned the properly signed Student Drug Testing Consent Form.

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Student's Last Name First Name Middle Name

I have read the "Student Random Drug Testing Policy" and "Student Drug Testing Consent Form," and I understand that, out of care for my safety and health and the health and safety of others, Madison County Schools enforces the rules applying to the use or possession of illegal and performance-enhancing drugs. As a member of my school's extracurricular activity or as a student driver on campus, I realize that the personal decision that I make daily about the use or possession of illegal or performance-enhancing drugs may adversely affect my health and well being, possibly endanger those around me, and reflects poorly upon any organization with which I am associated.

_____

Signature of Student Date

We have read and understand Madison County Schools "Student Random Drug Testing Policy" and "Student Drug Testing Consent Form." We desire that the student named above participate in the extracurricular activities of Madison County Schools and/or be allowed to drive on campus, and we hereby voluntarily agree that our child or ward and we are subject to terms of the Student Random Drug Testing Policy. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the policy. We further authorize the independent testing laboratory adopted by Madison County Schools to disclose all drug testing lab results and related information for the child named in this consent form to Madison County Schools for the purpose as provided in the policies and procedures adopted by the District for the voluntary drug test program. We understand that we may revoke this authorization at any time by written notice to the District and the independent testing laboratory. We acknowledge that any such revocation will not be effective as to any disclosures made prior to receiving such revocation. I understand that any information disclosed by the independent test laboratory under this authorization may no longer be protected by federal privacy regulations, and that such information may be further disclosed by the recipient. We understand that this authorization will become effective immediately upon execution and shall remain in effect until the student named in this consent form is no longer subject to the Drug Testing Policy of Madison County Schools. We further agree and consent to the disclosure of the sampling, testing and results as provided in the policy and any regulation adopted by the administration of the District.

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Signature of Parent or Custodial Guardian Date

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Signature of Student Date