



CROSSROADS ACADEMY

Rincon Learning Center 501 Richland Ave. Rincon, GA 31326



Parking Permit Application

In order to receive your Parking Permit, you MUST:

1. have a parent signature on all three pages of this application.
2. bring current copies of the following documents of the vehicle that will be driven by the student (expired documents will not be accepted):
 - o Vehicle Registration OR Temporary Tag Application if vehicle is new
 - o Proof of Insurance Card
 - o Georgia Driver's License

Please note that your application WILL NOT be accepted unless all items are present

Please print legibly when completing the following application.

ECHS	SEHS	Grade Level	Driver's License Number
Legal Name:			
Parent/Guardian Name:			
Address:			
City/ State:			

AUTOMOBILE INFO:	INSURANCE INFO:	REGISTRATION INFO:
Tag Number:	Company Name:	Name of Person on Registration
Year:	Policy Number:	Relationship to student:
Make		
Model		
Color		

By signing, I verify that the information provided is accurate and current for the above listed vehicle. I understand that it is my responsibility to bring in an updated copy to Crossroads, should any of the above information expire or change during the academic year. I also understand I must register my vehicle with my home school and pay all fees when allowed to attend my home school (ECHS or SEHS).

Date

Parent/Guardian Signature			
Student Signature			



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Student Drug Testing Consent Form

This is to certify that _____ agrees to participate
(*Print Student's Full Legal Name*)
in the Student Drug Testing Program as outlined in the Effingham County Board of Education
Student Drug Testing Policy. (*issued 6/06*)

My child and I have received the Student / Parent Handbook and have read and understand this policy. We understand that any high school student interested in taking part in a school sponsored extracurricular activity, including parking a vehicle on school property, within the Effingham County School System must agree to participate in a drug-testing program that includes random drug testing during the school year.

We are also aware that we can review the entire Student Drug Testing Policy at any time online at www.effinghamschools.com.

We understand that students will not be allowed to participate in school-sponsored extracurricular activities, including parking a vehicle on school property, if this consent form is not signed and returned to the school to be kept on file during the current school year. (*Consent forms must be renewed annually.*)

We also understand and agree that students who are 18 years old or will turn 18 years old during the school year hereby give permission to release all test results to his or her parent or legal guardian.

(Parent's/Guardian's Signature)

(Student's Signature)

(Parent's/Guardian's Printed Name)

(Student's Printed Name)

Today's Date

Student's Date of Birth

Return your signed consent form with your application.



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Parking Rules 2025-2026

It is required that both the parent and student read and understand the following parking rules.

1. I understand that parking on the Crossroads Academy campus is a privilege and may be revoked at any time.
2. I agree to park in the designated parking lot ONLY.
3. I understand that I must display a parking permit on the mirror at all times while on Crossroads Academy campus.
4. I understand that my parking permit is for my use only and may not be transferred to another person for any reason. I agree not to use another student's parking permit to display in my own vehicle. I understand that doing so will result in the revocation of parking privileges for both me and the other student.
5. I understand that Crossroads Academy is not responsible for damage to my vehicle or to the contents of my vehicle.
6. I understand that I may not go to my vehicle and/or leave campus without permission from an administrator or office personnel. I understand that if I fail to obtain permission to leave the building and/or school grounds, my parking permit may be revoked.
7. I understand that vehicles parked on school grounds are subject to searches by school administrators and law enforcement officers at the request of school administration.
8. I understand that I am solely responsible for ALL contents of my car or the car that I am driving when it is on school grounds. I agree that lack of knowledge is not a reason or excuse for any unacceptable or illegal items to be in the vehicle.
9. I agree to avoid driving in a reckless manner. I agree to operate my vehicle responsibly and to avoid causing damage to public and private property located on school grounds and to avoid endangering the life or limb of persons utilizing school facilities. I understand that this includes driving recklessly around buses in route to and from school or school functions. **I understand that use or possession of alcohol will result in revocation of the parking permit.**
10. It is the student's responsibility to bring in an updated copy of any documents/vehicle information should they expire during the school year.

Students wishing to park on campus from the start of the academic year must have a parking permit.

- You must have a parking permit to enter the lot.
- The speed limit on campus is 5 miles per hour.
- Students must enter the designated entrance and exit the designated exit in the parking lot.

To protect the safety of all students, staff, and visitors and ensure the orderly flow of traffic in the parking lot, Crossroads expects all drivers to adhere to certain rules and procedures:

If you commit any one of the infractions, you may have your parking privileges revoked.*

- Permit not properly displayed
- Reckless driving (including excessive speed, driving across parking spots, carelessness around pedestrians)
- No permit
- Improperly merging across driving lanes

**Please see map for directions on entering, exiting, and parking at Crossroads Academy.

CROSSROADS STUDENTS MAY NOT TRANSPORT ANY OTHER STUDENT. VIOLATORS WILL BE SUSPENDED FROM SCHOOL AND LOSE DRIVING PRIVILEGES.



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Parking Rules (continued) 2025-2026

We have read and understand the above rules. We agree to follow all rules and understand that parking privileges may be revoked by any administrator for violation of these or any other school policies and procedures. We understand that, if these privileges are revoked, ALL school property and areas next to the highways are off limits (**by order of the Sheriff's Department**).

Student Name _____
Please Print Clearly

Students Signature _____

Parent/Guardian _____
Please Print Clearly

Parent/Guardian Signature _____

Date: _____

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OTHER STUDENT. VIOLATORS WILL BE SUSPENDED FROM
SCHOOL AND LOSE DRIVING PRIVILEGES.**