



# CHRISTIAN ACADEMY STUDENT VEHICLE AND PARKING FORM

## Student Information

Student Last name	First name	Middle initial

Street address	
City, State, Zip	
Home Phone	
Cell Phone	

## Parent/Guardian Information

Parent/Guardian	
Daytime Phone	

## Vehicle Information

Driver's License #	
Expiration Date	
Insurance Company	
Name of Policy Holder	

I, \_\_\_\_\_ agree to follow the vehicle and  
PRINT YOUR NAME HERE  
parking guidelines as stated in the High School Handbook.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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