



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	

Driver Information

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

Vehicle Information

Make/Model of Vehicle & Color	
License Tag #	

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: _____