

# STUDENT PARKING PERMIT APPLICATION



Christian Academy  
OF LOUISVILLE

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Cell: \_\_\_\_\_

Dad Cell: \_\_\_\_\_ Mom Cell: \_\_\_\_\_

## CAR 1 – USED MOST OFTEN

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

## CAR 2 – OCCASIONAL USE

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

## The following student(s) will ride to and/or from school with me:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

## Christian Academy School System Drive Rules and Procedures

1. Students *MUST* park in their designated lot. Parking permits must be *PERMANENTLY* and *VISIBLY* affixed to the front, driver side window. Failure to do so will result in a \$10 fine or privileges may be suspended.
2. Speed limit on campus is 15 MPH and student must drive cautiously on approved roadways.
3. Students may not return to cars during the school day without a pass issued by the high school office.
4. Students may not leave campus after arriving on the school grounds without obtaining special permission from the high school administration.
5. Students will not display any tag, sticker or writing on or in their car that expresses non-biblical principles.
6. Students will not play loud music or music unbecoming a student of the Christian Academy School System.
7. Student drivers that provide a ride for other students must follow the drop off and pick-up procedures in the Student Drivers section of the High School Handbook.
8. Failure to abide by these rules may result in disciplinary action including fines and/or the loss of parking privileges.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this form, you agree to abide by all of the Christian Academy School System Student Driver Rules and Procedures. Your FACTS account will be billed \$25 for the Student Parking Permit.**

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## OFFICE USE ONLY:

Permit Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Date Billed: \_\_\_\_\_