CICERO
PREPARATORY ACADEMY
A Great Hearts Academy

STUDENT PARKING AGREEMENT

DRIVER AND VEHICLE INFORMATION

Student Name (first & last): _____

Grade: _____

Make & model of car: _____

License plate #: _____ Color: _____

Parking spot #: _____

Student cell #: _____

Emergency contact (parent/guardian phone): _____

AKNOWLEDGEMENTS *(please initial)*

_____ I agree to park in MY designated vehicle parking space

_____ I understand that all traffic laws and school rules always apply while I am on school property.

_____ I understand I must arrive at school with enough time to park, enter the building, and arrive on time at class

_____ I understand that I must listen and follow any directions given by school staff including the security officer.

_____ I understand that the school property is private property and that I may not ride my bike or scooter on the school ground except to walk it to the designated parking area.

_____ I understand that the school is not liable for any loss/theft or damage. Parking is at my own risk.

_____ I understand that failure to follow all school rules and all parking guidelines, as well as excessive tardiness to school, may result in: Conference, warning, parent contact, lunch detention, and revocation of student parking permit.

_____ I understand that if my vehicle information changes, it is my responsibility to notify the front desk on or before the day the changes are to take effect.

SIGN AND SUBMIT FORM PLUS A COPY OF YOUR DRIVER'S LICENSE & INSURANCE

Student name: _____ Student signature: _____

Parent name: _____ Parent signature: _____

Date: _____ Submit form to the front office. Thank you.