

Caldwell Academy  
Student Driver Registration  
Parking Permit

Please complete the following information and return it to Caldwell Academy by August 12<sup>th</sup> if you wish to apply for a student parking permit.

Permits must be displayed at all times on the windshield's rear view mirror.

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

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

Home Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Vehicle Make and Model: \_\_\_\_\_ Color \_\_\_\_\_

Student is responsible for transporting siblings or other student to/from school

No     Yes    Name(s) of siblings/other students: \_\_\_\_\_  
\_\_\_\_\_

Distance between our home and Caldwell (one way, in miles): \_\_\_\_\_

Both parents work outside the home     No     Yes

Student anticipates driving to school:

- Everyday
- 2 or 3 days per week
- 1 or less days per week

Caldwell extra-curricular activities that my child plans to participate in:

Fall: \_\_\_\_\_

Winter: \_\_\_\_\_

Spring: \_\_\_\_\_

**TAPE A COPY OF  
DRIVER'S LICENSE HERE**

***To be completed by student:***

As a Caldwell student driver I agree to the following statements:

1. I understand that driving on the Caldwell campus is a privilege that may be suspended or revoked at any time by the Rhetoric Principal, Head of School, or Operations Manager.
2. I must use extreme caution and care while driving on campus, including driving slowly and observing designed traffic flow patterns. **On-Campus speed limit may never exceed 15 MPH.**
3. I must park in my designated parking spot during all school functions (the school day as well as athletic practices, games, drama, and any other extra curriculum activity).
4. I cannot loiter in the parking lot at any time during the school day. If I must return to my car during the school day, I understand I must check out in the D/R Reception office.
5. **If I need to leave early from school I must have my parent's written permission\* and I must sign out using the proper form in the school's D/R office.** \*If written permission is not available, my parent must speak personally by phone with the D/R office school personnel prior to my leaving campus.
6. I understand that a fee will be charged for parking permit decals not returned at the end of the school year.
7. I understand that additional fees will be charged if my parking spot has trash, other debris, or evidence of excessive vehicle fluid leaks (oil, transmission fluid, etc.) as determined by Caldwell's Operations Manager.

Failure to abide by the guidelines above will result in loss of parking privileges and the reassignment of the parking spot to another student on the parking waiting list.

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Parent Signature

Home Phone: \_\_\_\_\_

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

Parent Cell Phone: \_\_\_\_\_

***Applicants must attach a copy of Driver's License to the FRONT of this registration.***

For Office Use Only
Date Application Received _____
Parking Permit Issued <u>Yes/No</u> _____
Placed on Parking Waiting List <u>Yes/No</u> _____
Parking Permit _____ # _____
Information Entered into HM _____