



Cornerstone Christian School Parking



Student Parking Registration Form

Students must provide copies of insurance and driver's license. Incomplete forms will not be accepted.

Parking Fee: \$10.00 – (parking permit is good for the duration of the student's enrollment at CCS)

Student Name _____
Last Name First Name

Grade Student will be in: 10 11 12

Driver License No. _____ Expiration Date _____

Insurance Provider: _____ Insurance Policy #: _____

List **ALL** cars that you may drive to school.

1. License Plate _____ Make _____ Model _____ Color _____
2. License Plate _____ Make _____ Model _____ Color _____

Students are required to know and observe the following parking regulations in order to retain their parking privileges.

1. Notify the office if your license number changes during the school year.
2. Vehicle will be parked in designation areas, between the lines in open stalls only.
3. Speeding/Careless Driving/Loitering in the parking lot are prohibited.
4. Parking permits must be displayed in the windshield and text of permit must be readable when standing in front of the car.
5. Violations of parking rules/regulations may result in ticketing and/or towing at owner's expense.

I have read the PARKING RULES and agree to abide by them. I understand that parking is a privilege. If I cannot abide by the rules, I will be subject to ticketing, towing or loss of parking privileges with NO refund of fees.

Student Signature _____ Date _____

I have reviewed the parking rules with my son/daughter and understand that if he/she does not follow the rules he/she will be held accountable to the consequences listed above.

Parent Signature _____ Date _____

For Office Use Only	Date Fee Paid: _____ <input type="checkbox"/>	Initials: _____
	Cash <input type="checkbox"/>	
	Check #: _____ <input type="checkbox"/>	Assigned Parking Permit Number: _____ <input type="checkbox"/>
	Money Order#: _____ <input type="checkbox"/>	Data Entered in Renweb: _____