

COLUMBIA ADVENTIST ACADEMY
Parking Information

Student Name _____

I have car insurance coverage with:

Name of Company _____

The main car I will be driving to school is:

Make of Car _____

Model & Year _____

Color _____

License Plate Number _____

Other cars I may be driving to school on an occasional basis are:

Make of Car (s) _____

Model & Year _____

Color _____

License Plate Number (s) _____

Columbia Adventist Academy maintains the following guidelines for students who drive to and from school:

- * Students are to remain on campus for the duration of the school day.
- * Students who drive recklessly or who do not abide by the regulations may lose driving privileges.

I understand and agree to abide by these guidelines.

Student Signature

Parent Signature