



Harvest Christian Academy

High School Student Driver Registration 2011/2012

Name _____
(Last) (First)

Date _____ Grade _____

Home Phone _____

Student cell phone _____

License plate # Car 1 _____ Car 2 _____

Make of: Car 1 _____ Car 2 _____

Color of: Car 1 _____ Car 2 _____

I agree that I will park only in the designated student parking area which is at the lowest level of the garage, that I will at all times drive safely and will not speed, and that I will not enter my vehicle between the hours of 8:00 – 3:10. In addition, I will not allow any other student to use my HCA parking tag. I understand that failure to follow these guidelines could result in a loss of driving privileges at HCA.

Student signature: _____

Parent signature: _____

For Office Use Only

Parking Tag #: _____ Date Issued: _____