

STUDENT PARKING AGREEMENT FORM

STUDENT PARKING SCHOOL YEAR 2024-2025

CONTACT INFO		
Student Name:		Grade:
Address:		
City:	_ Zip Code:	
Phone:		
Parent/Guardian Name:		
Parent Phone:		
PRIMARY CAR		
Year/Make/Model:		Color:
License Plate:		
SECONDARY CAR		
Year/Make/Model:		Color:
License Plate:		
ASSIGNED TAG NUMBER (Office use only):		

You may park your car in any space in the designated area as long as the tag is present and visible with the information provided on this agreement as verification. If your vehicle changes from the one(s) listed, please inform the church office.



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LIABILITY RELEASE AND PARKING AGREEMENT

I,	, understand that I	am being given the privilege to park at St. Christopher
Episcopal Church and I will		ole of St. Christopher at all times.
I release St. Christopher Ep	_	bility to my car. I take full responsibility for any damage
to park in the designated area	a for students of Clear Creek	Ftrash, and drive on properly designated areas. I also agree High School. If I do not uphold the conditions of this lege and or have my car towed at my own expense.
Student Signature & Da	te	Parent/ Guardian Signature & Date
conferences) which m	ay interfere with student po	St. Christopher (i.e. weddings, funerals, arking. In this event, you will be informed of the agence to park in our lot.
Our office is open Mo	nday- Friday 9AM-4PM (c	nay leave notes on the front windshield of your car. closed noon-1:00pm for lunch) if you need to you can contact the office via phone or email.
O	0 1 01	ileges at any time if we feel that you are not edly parking in the improper parking spaces.