THE LINCOLN ACADEMY

OFFICE USE ONLY

Permit #: _____

Fees Paid: ☐ Yes ☐ No

License Copied: ☐ Yes ☐ No

Agreement Copied: ☐ Yes ☐ No

Initials: _____ Date: _____

Parking Permit Application & Agreement

Scholar Name:_____ Age:_____Grade:_____ Scholar ID #:_____

Address: _____City: _____ State: _____ Zip: _____

Scholar Cell Phone #: _____ Parent Phone #: _____

Driver's License #: _____ ☐ Copy of Driver's License Provided

Car Insurance Company:_____ Policy #:_____

☐ I understand it is state law to carry car insurance and I certify the above policy is current and up-to-date.

☐ I understand and release TLA from any liability for damage done to the vehicle and/or driver and passengers while on school property.

Name of vehicle owner: _____ Signature: _____

Vehicle 1

Year:_____Color:_____Make:_____Model:_____Plate #:_____

Vehicle 2

Year:_____Color:_____Make:_____Model:_____Plate #:_____

Vehicle 3

Year:_____Color:_____Make:_____Model:_____Plate #:_____

Parking at TLA is a privilege. Scholars with parking privileges are expected to and must adhere to the following expectations:

1. Pay all outstanding fees in order to obtain a parking permit
2. Display parking permit on the front mirror (ensuring it is visible)
3. Park only in the designated lot
4. Park in a parking stall, facing forward
5. Observe all stop signs and speed limits posted
6. Wear seatbelt and insist passengers have theirs on at all times while the vehicle is in motion
7. Drive with safety in mind-for all

Please note: Any violations of the above rules may result in the loss of parking privileges and/or other disciplinary action.

Scholar Signature: _____ Parent Signature: _____ Date: _____

Cost: ☐ $25 for semester ☐ $50 for school year Paid by: ☐ Cash ☐ Card