



2019-2020 STUDENT PARKING PERMIT

HANG TAG #

NAME: _____
(Last) (First)

STUDENT GRADE LEVEL: _____

VEHICLE #1	VEHICLE #2	VEHICLE #3
LIC PLATE # _____	LIC PLATE # _____	LIC PLATE # _____
VEHICLE YEAR _____	VEHICLE YEAR _____	VEHICLE YEAR _____
COLOR _____	COLOR _____	COLOR _____
MAKE _____	MAKE _____	MAKE _____
INS. CO. _____	INS. CO. _____	INS. CO. _____

The following copies are needed for approval:

Current insurance card
Current registration
Driver's license

Please attach each to this document.

WAYS TO LOSE YOUR PARKING PRIVILEGE:

- Parking in the Bus Loop or Teacher Lots before 3:00 pm. Teacher Lots include the entire north parking lot (near the Art rooms) and the first three rows of the south parking lot (near the pool).
- Unsafe driving on school property
- Parking inappropriately or in a space not designated for you
- Leaving school illegally
- Not having school parking permit displayed
- Being in the parking lot during school hours without permission from an administrator

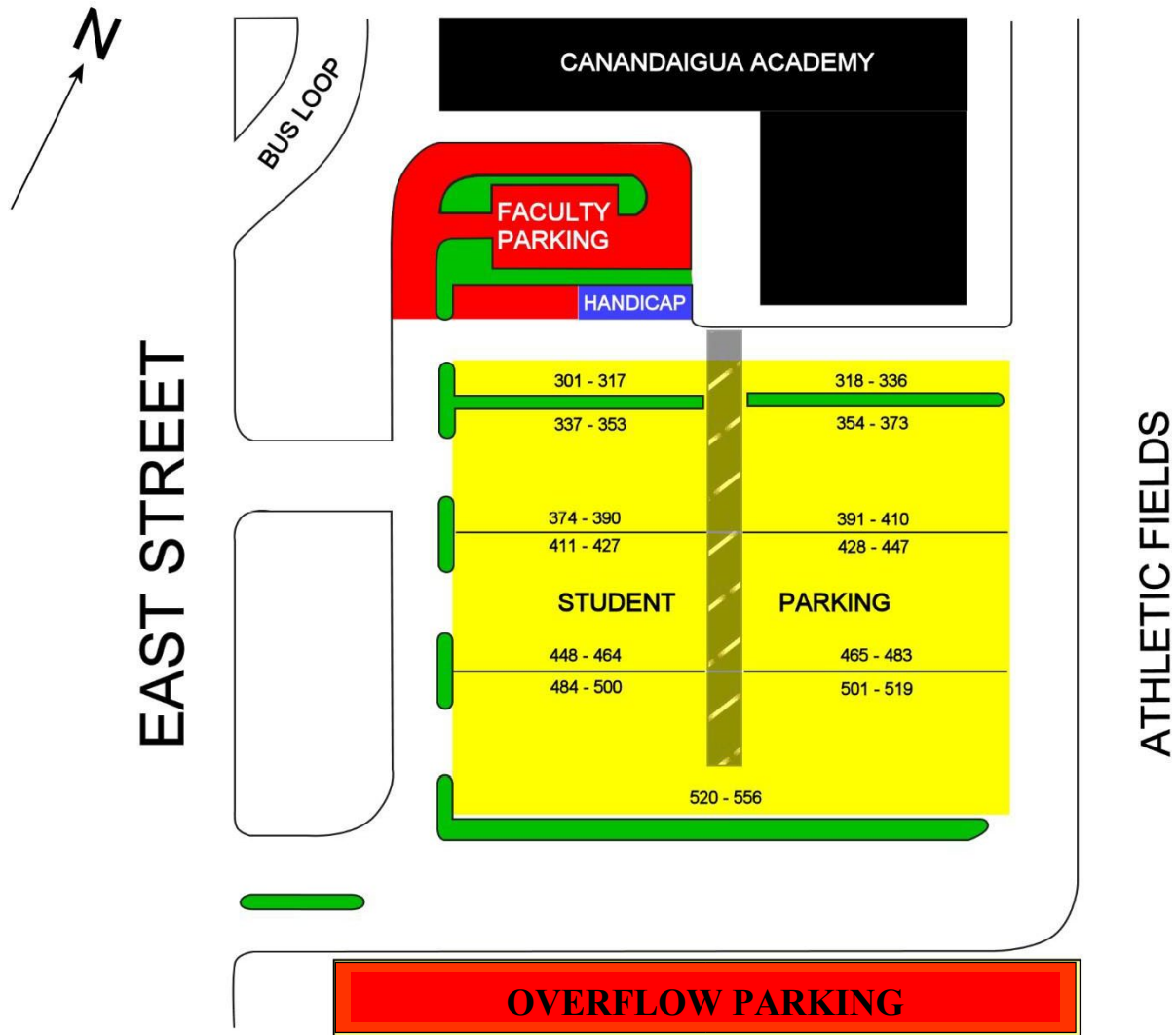
ALL CARS IN OUR PARKING LOT MAY BE SEARCHED BY
SCHOOL OFFICIALS IF THERE IS REASONABLE CAUSE

PLEASE READ AND SIGN
WHEN COMPLETED, BRING IT TO YOUR ASSISTANT PRINCIPAL FOR FINAL APPROVAL

CANANDAIGUA ACADEMY STUDENT PARKING LOT

PLEASE NOTE: FACULTY PARKING – There is NO STUDENT parking in this area. Violators will be ticketed and could lose the privilege to park on school property altogether.

OVER FLOW LOT – Only in the event that your designated parking spot is occupied may you park in the overflow lot and then report it to the SRO, South Entrance Receptionist or the Main Office ASAP.



STUDENT DRIVING AND PARKING AGREEMENT

I, the undersigned, agree and acknowledge that driving to school and parking my vehicle in the school's parking lots is a privilege that may be revoked at any time for any reason. I acknowledge that I have read, understand, and will abide by the provisions contained in the Canandaigua Academy student handbook, including the provisions relating to student parking. I will only park in the space assigned to me; or in the event my space is occupied, in the designated overflow area. I understand that the Canandaigua City School District and all of its school buildings and property are part of a drug-free school zone and that both Board of Education policy and the laws of New York State prohibit the use or possession of alcoholic beverages or drugs on public school property or at school sponsored events. I also understand that the District has reason, from time to time, to have trained police dogs on its property for the purpose of determining whether anyone is in possession of drugs or contraband on school property I acknowledge and agree that if it is suspected that there is contraband in my vehicle on school property, the school has reserved the right to search the vehicle, and by signing this document I consent to such a search. I acknowledge and understand that if my vehicle is parked illegally on school property, it may be ticketed by Canandaigua City Police.

Date: _____

Student Signature

Date: _____

Parent/Guardian Signature

Date: _____

Academy Main Office Approval