



FCA Student Driver Agreement 2018-2019 School Year

PLEASE PRINT WITH BLUE OR BLACK INK

STUDENT AND VEHICLE INFORMATION

Student Name: _____ Grade: _____

Vehicle Make: _____ Vehicle Model: _____

Vehicle Color: _____ License Plate Number: _____

Insurance Company: _____ Policy Number: _____

Student drivers must adhere to the following rules in order to remain eligible to drive on campus:

1. Complete and submit the FCA Student Driver Agreement along with a copy of your valid Texas driver's license and current proof of insurance.
2. Student drivers must adhere to all laws and the High School Student Driving Policy (see Parent/Student Handbook) for safe driving.
3. If a student is reported as driving dangerously or irresponsibly on campus they will lose the privilege of driving on campus.
4. The privilege of driving on campus may also be revoked for truancy, excessive absences, repeated tardiness, disrespect to staff, or leaving campus without authorization during the school day.
5. Student drivers must sign out in the office if leaving campus before dismissal time and must have a FCA Attendance and Transportation Form submitted to the school office by the parents. The only exception to this is off-campus lunch for senior students.
6. Student drivers must park in the designated parking area. Student parking is located to the west of the Church on the Rock sanctuary. There is no parking on the grass, curbs or sidewalks.
7. The speed limit on campus is 15 miles per hour.
8. Students may not remain in their vehicles or loiter in the parking lot.
9. Loud music is not permitted.
10. Student drivers must notify the school office of any changes to the vehicle or insurance information.

I agree to abide by the rules listed above. I understand that driving on campus is a privilege and that violation of any or all of the above rules may cause my privileges to be revoked by administration.

Print Student Name: _____

Student Signature: _____ Date: _____

I give permission for my child to drive the vehicle listed above to and from Faith Christian Academy. I have read and agree to the rules above and understand that any violation of these rules may result in the loss of driving privileges for my child.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____