Lodi Academy

Student Driver Questionnaire 2018-2019

Students who wish to park on campus must provide this completed form, a copy of his/her driver license and a copy of insurance verification to the school secretary. Insurance coverage must comply with the minimum required levels (\$25,000/\$50,000).

Full Legal Name:				Birthdate:		
Full Legal Name:	Last	First	Middle (Full)			MM/DD/YYYY
Social Security Number	er:	Driver License #:		_ State Licensed in:		
Residence		Cit	у:	State: Zip:		
Address		0	y	Otate	<i>zip</i> .	
How long have you liv	ed at this addres	SS:				
In the last 3 years, wh	at other states h	ave you had a licens	se?			
Please list the type of	vehicle(s) you w	ill be driving:				
Please list all citations and/or accident:	and any accide	nts in the last 3 year	s. Give dates, details, a	Ind location info	ormation f	or each citation
	understand that	•	tain student's motor vel agement, Inc., may not			
Signature of Parent/G	uardian:			Date:		
Signature of Student:				Date:		

Leaving Class or Campus Leave

Students are expected to attend all their classes when on campus. Every student on campus during school hours must be assigned and attend a specific class or study hall. <u>Students are not to leave class or study hall without the teacher or supervisor's permission, and may not leave campus without approval from the administration.</u>

Students may not leave campus during the school day, unless permission has been granted for offcampus lunch (see Lunch Leave in handbook). In special situations, a student may leave if he/she receives proper authorization from his/her parents and the school administration.

<u>A student may not transport or ride with any other student</u> (exception is made for siblings who are both students). Students are expected to sign out before leaving campus and sign in before returning to classes. <u>Students who leave campus without authorization will lose their lunch leave privilege.</u>

Signature of Parent/Guardian:	Date:
Signature of Student:	Date: