



5704 CR17 S.
Sebring, FL 33875

Phone: 863.832.1006
Fax: 863.473.8472

Email: admissions@ibabears.com

Independent Baptist Academy

Student Parking Permit Request Form

To Be Completed by the Parent/Guardian

Full Name: _____ DOB: ____/____/____
Last First M.I.

Driver License Number: _____ Exp. Date: _____

Insurance Company: _____ Primary Policy Holder: _____

Policy ID Number: _____ Effective Date: _____

Vehicle Information: Year _____ Make/Model _____

*Please list any students that your student will be transporting to and from school: _____

** Written permission must be on file from the parent/guardian of the other students.*

By submitting this form, you agree that your student is permitted to transport themselves to-and-from Independent Baptist Academy. Students will be issued a parking space and should park only in that space. Students will not be permitted to leave the property early without prior parent permission. Please review the student driver section of the Student Handbook for details on student requirements.

Parent Signature: _____ Date: _____

Office Use Only

Date request was received: _____

☐ Approved

☐ Denied – Due to _____

Office Signature: _____ Date: _____