Padua Academy
St. Francis Hospital Parking Garage Information
2015-2016

St. Francis Hospital offers the roof section of their Employee parking garage to Padua students. The garage is located on DuPont Street, between 6th and 7th Streets, 4 blocks from Padua. We are very grateful to St. Francis Hospital for offering this service to our students.

The garage is a two-story building, with card entry. It provides a guaranteed parking spot where cars are protected from damage, theft, and break-ins. Hospital security guards are often on duty in the area. We have had very positive response from students who park there.

Padua provides a van to shuttle students between the garage and school. Students are able to wait for the shuttle in a secure lobby area on the ground floor. In the morning, the school van will pick up students at either 7:30 or 7:40 am. In the afternoon the school van leaves Padua at 2:50 pm for the garage. Those who have afterschool activities can move their cars to the school lot at that time. If the student tends to run late in the morning or frequently has medical or dental appointments during the school day, this garage may not be a good choice.

The cost for parking at St. Francis is $250.00 for the year, paid in advance. This is $1.40 per day, including the shuttle. Students who are not yet ready to drive may register at any point in the year, for a pro-rated amount. There are more than 50 spots available. Parents can contact Mrs. Manelski if they prefer to pay by credit card. A $10.00 service charge is added to cover fees for credit card payments.

If the student is interested in parking in this facility, please complete both the Padua Academy and St. Francis Hospital registration forms that are attached to this email, and bring them to the Main Office with payment.

Padua staff will be at the garage for the first few mornings to help students use the card and find their spot. If you have any questions, or would like to drive through the garage with Mrs. Manelski to become familiar with the process, please email her at rmanelski@paduaacademy.org to set up a time.
St. Francis Hospital Parking Garage
Padua Academy
Parental Authorization Form
2015-2016

Student Name____________________________________________________________ Grade ______

Car Driven Regularly
All fields must be filled in before being submitted to Padua Academy

Make __________________ Model __________________ Color ________________
License Plate Number ______________________________ State ________________
Owner of Vehicle __________________________ Relationship ________________
Emergency Contact __________________________ Phone ___________________

Alternate Family Vehicle
Make __________________ Model __________________ Color ________________
License Plate Number ______________________________ State ________________
Names of Regular Passengers______________________________________________

Student Agreement
I have read and agree to follow the information related to parking in the St. Francis Hospital parking garage. I agree to avoid tardiness and to respect the employees and property of the hospital when using the facility. I agree never to allow anyone else to use the card or parking space. I understand that I am required to ride in the school van, and will never walk to or from the garage. I agree to call school promptly if I have any problems at the garage.

Student Signature ____________________________ Date ______________

Parent Agreement
I have read and agree to follow all of the policies related to student parking in the St Francis Hospital Parking Garage. I release and hold blameless St. Francis Hospital and Padua Academy from any and all consequences that may result from my decision to rent a parking space for my daughter in the St. Francis Hospital DuPont Street Parking Garage.

Parent Signature ____________________________ Date ______________

Office Use Only: Tag/Card Number ________________________________
DuPont Parking Garage
Padua Academy Program Authorization Form
2015-2016 School Year

1. Parking is restricted to the very top level of the garage. It is not enclosed.
2. Payment will be paid through Padua Academy.
3. If the card breaks report it promptly to the Dean of Students for a replacement. Lost cards will be deactivated and replaced for $10.00. The card is the property of Saint Francis Hospital and must be returned when finished using the parking services. The card cannot be transferred to another person at any time.
4. Padua Staff will immediately notify the Hospital Communications Center at 421-4131 if there is any change in the status of a student.
5. The “prox card” works on an anti-pass-back system. After entry to the garage, the car must exit the garage, using the card, before it will allow the driver to enter again.
6. Students agree to be prompt and courteous to the driver of the van.

Name of User ________________________________

Vehicle License # ___________________ Color ________________

Make ___________________ Model ________________ Year _________

Vehicle registered to ________________________________

Signatures:

Student______________________________ Print Name____________________

Parent ___________________________ Print Name ______________________

Padua Rep ________________________ Print Name____________________

St. Francis Rep _____________________ Print Name____________________

To Be Completed by St. Francis Hospital Communications Department

Date ___________ Prox Card # - _____________ Card Returned ________