**Saint Joseph Academy**

**Student Vehicle Parking Permit**

**School Year 2025-2026**

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| **Student's Name:** |  | **Grade:** |  |
| **Student's Cell #:** |  | **Email:** |  |
| **Parent's Name (mother or father):** |  |
| **Parent's Cell #:** |  |
| **Make of Vehicle:** |  | **Model:** |  |
| **Color:** |  | **Year:** |  |
| **License Plate #:** |  | **Issuing State:** |  |
| **NOTICE****This parking permit is valid only on school campus for current school year.****Permit is only to be used for vehicle indicated on this form.** **Each parking fine for unauthorized vehicles parked on school campus during school days is $25.** |