**Saint Joseph Academy**

**Student Vehicle Parking Permit**

**School Year 2025-2026**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.** | | | | | | | | | |