



St. Joseph Central Catholic High School

PARKING PASS APPLICATION

Student's Name: _____

Grade: _____

VEHICLE INFORMATION

Make: _____

Model: _____

Color: _____

VIN: _____

License Plate: _____

State: _____

When complete, this application and **\$30** are to be turned into Mrs. Blatt in the school's office. At that time, a permanent numbered parking space will be assigned. Parking is limited and a privilege.

Parking is subject to the following guidelines:

1. Parking spaces are limited, so they are provided to seniors first, then juniors, then sophomores. A parking space is not guaranteed, so we encourage students to carpool.
2. Any student driving in an unsafe manner or parking outside of their assigned parking area may have this privilege revoked.
3. Once the vehicle is parked in the morning, a student is not permitted to return to his/her car until the end of the school day. Exceptions can be granted, but only with permission through the office.
4. The act of bringing a motor vehicle upon school property allows school officials to presume consent by the student, parent/guardian, or owner of the vehicle for a search of that motor vehicle if there is reasonable cause. Refusal by a student, parent/guardian, or owner of the vehicle to allow such a search will be cause for termination of the privilege. At the discretion of administration, the police may be called to assist in the search of a student-operated vehicle brought onto school property.

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

For Office Use Only: Parking Space: _____