



South San Antonio High School Staff Parking Application 2024-2025

Demographic Information

Last Name:	First Name:
Cell Phone:	Other Number:
Email:	Campus:
Address:	

Vehicle:

Make:	Model:	License Plate: DL#
Year:	Color:	Insurance Name and Policy #:

Signature: _____

Date: _____

-----SSAISD PD USE ONLY-----

Date Issued:	Date:	Permit Number
DL#	Comments:	
Insurance Name and Policy #:		Lot:



South San Antonio
Independent School District

Revised:
July 21, 2022