



PARKING PERMIT 2026-2027

Student Name: _____ Date: _____

Student's ID#: _____ Home Room: _____

VEHICLE INFORMATION

Make of Vehicle: _____ Year: _____

Model: _____ Color: _____ Tag (State)#: _____

Registered Owner & Telephone #: _____

***Please attach a copy of current insurance card and copy of driver's license.
Insurance information must be updated.***

I agree to follow the rules and regulations as outlined in the John Carroll Catholic High School Handbook regarding parking privileges in the student's parking lot. I also agree if parking privileges are suspended, I will pay a fine to resume operation of a vehicle.

Signature of student: _____

Signature of registered car owner: _____

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