# South San Antonio ISD
# Parking Permit Application
# 2026-2027

**Demographic Information**

| | |
|---|---|
| Last Name: | First Name: |
| Cell Phone: | Alt. Number: |
| Email: | Campus/Dept: |
| Address: | |

**Vehicle 1:**

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

**Vehicle 2:**

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

**Signature:**_____ **Date:**_____

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

| | |
|---|---|
| Date Issued: | Permit Number: |