



Saint Joseph Regional School
 92 Wilson Street
 Keene, NH 03431
 Phone 603/352-2720
 Fax 603/358-5465
 www.stjosephkeene.org
Pre K-Grade 8

Our Lady of Mercy Academy
 161 Main Street
 Keene, NH 03431
 Phone 603/352-2720
 Fax 603/358-5465
 www.mercyacademykeene.org
Grades 9-12



PARKING PERMIT APPLICATION

Parking permits will be granted only after all documents have been submitted and the \$25 fee has been paid.

Student Name (printed) _____ Grade _____

Vehicle Information

Year _____ Make _____ Model _____

Color _____ License Plate # _____

Parent/Guardian Permission

I grant permission for _____ (name of student)
 to drive the above listed vehicle to school. I understand that my child not following the parking/driving
 rules may result in fines, loss of driving privileges, and/or administrative disciplinary action.

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____ Date _____

Additional items needed along with this form:

1. A copy of student's current driver's license attached to this form.
2. A copy of the auto insurance card attached to this form.
3. \$25 parking fee
 Payment may be made by cash, check (payable to Our Lady of Mercy Academy), or
 Venmo (@stjosephregionalschool).

I have read, understand, and agree to the rules in the OLMA Family Handbook that govern parking/driving on St. Joseph Regional School/Our Lady of Mercy Academy property. I understand that not following the parking/driving rules could lead to fines, loss of driving privileges and/or administrative disciplinary action.

Student Signature _____ Date _____