



School Year _____

Grade _____

Student Parking Permission

Student Name _____
(Last Name) (First Name)

Vehicles Driven to School

Year	Make	Model	Color	Lic. Plate #

Valid Driver's License verified by
School Administration

Valid Insurance verified by
School Administration

A HSA Parking Sticker will be placed visibly in the lower left corner
of the rear-most window of student's primary vehicle.

Drivers must comply with **ALL** motor vehicle regulations of the state of Minnesota while on campus. All vehicles on campus may be randomly searched.

The driving privilege of any student at Holy Spirit Academy may be withdrawn at the discretion of the administration.

Student signature: _____ Date: _____