

Northwest High School

13501 Richter Farm Road
Germantown, Maryland 20874
Phone: 301-601-4660
Fax: 301-601-4662



STUDENT PARKING PERMIT APPLICATION

Date: _____

Name: _____
Last First MI

Cell Phone: _____ Grade: _____ ID#: _____

1. Do you have a handicapped parking license plate or parking permit? (If so, please attach note from physician.) YES ___ NO ___
2. Are you approved for a partial day schedule due to a job, an internship, or a class (e.g., at Montgomery College)? YES ___ NO ___
3. Do you participate in an extracurricular activity (e.g., marching band, robotics team, athletic team, etc.) that meets on weekends or after 4:30 pm on weekdays? YES ___ NO ___

Name of Activity: _____

Student eligibility for parking permits will be based on the following:

- Students must have no outstanding financial obligations to the school.
- Students must be academically eligible (2.0 GPA with no more than one E).
- Students must not have received parking violations during the preceding semester.
- Students must not have more than 4 unexcused absences in any class.

Parking permits for the full year and for the first semester will be sold beginning September 4, 2018. Parking permits for the second semester will be sold beginning January 7, 2019. Applications and payment will be accepted by the business office (room 322) before school (7:25-7:45 AM), during lunch (11:17-11:51 AM) and after school (2:30-2:45 PM).

During the first eight days of school (September 4-14), students may use any parking space in the lower parking lot. **When students receive their parking permits, they will be assigned a parking space. Beginning Monday, September 17, all cars driven by students must display a valid 2018-2019 parking permit and be parked in the student's assigned space. Cars that are parked in the incorrect space or that do not have a valid parking permit may be ticketed and towed at the owner's expense.**

I understand and agree that this application does not guarantee me a parking permit. I also understand that the privilege of driving and parking at the school can be suspended or revoked if I fail to follow the guidelines set by the school.

Student Signature

Parent/Guardian Signature

**Office of the Chief Operating Officer
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850**

**PARENT REQUEST FOR STUDENT USE
OF PRIVATE VEHICLE**

Student _____ Birthdate ____/____/____ Grade ____
Last First MI

Address _____ Distance to School _____
(nearest tenth mile)

School Name _____ Homeroom # _____ Student's Dismissal Time ____:____

Phone: Home ____-____-____ Emergency ____-____-____ Driver's Permit # _____

Vehicle Information

Make of Vehicle Model and Year	State and License Tag #	Color	Vehicles Insured		Name of Insurance Company	Name of Legal Owner
			Yes	No		

I hereby request permission for the above named student to drive a private vehicle to school. I understand that there is a non-refundable fee, payable to the school, upon approval of this request. Fees are approved by the Board of Education and paid at a rate of \$37.50 per semester, \$75 per year, or \$25 per season, as determined by the school administrator.

Permission is requested for the following reasons _____

*I understand that violation of **law and/or** school regulations governing driving may cause revocation of this privilege. If privileges are revoked the parking fees are also forfeited. I further understand that owners or operators of vehicles might incur certain legal responsibilities when other persons are transported as passengers. I also understand that if I need to drive another family automobile, I will register the car in the school office in order to park it on school grounds or be subject to ticketing and/or towing at my expense.*

Parent'/Guardian's
 Home Address _____
(If different from student) Street City State Zip Phone

Parent'/Guardian's
 Business Address _____
Street City State Zip Phone

_____/____/____ _____/____/____
Signature, Parent/Guardian Date Signature, Student Date

TO BE COMPLETED BY SCHOOL

Approved: Semester 1 Semester 2 Full Year Seasonal _____

Not Approved Reason: _____

_____/____/____
Signature, Principal Date

Amount Paid \$ _____ Cash Credit Card Check No: _____ /____/____
Date

Parking Space Number Assigned _____ Parking Permit # _____

Permit Issued By: _____ /____/____
Print Name Initials Date