

Northwest High School



13501 Richter Farm Road
Germantown, Maryland 20874
Phone: 240-740-7100
Fax: 301-601-4645

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 only will be sold beginning August 26, 2025. The fee for a full-year permit is \$78.00, which includes the processing fee. Parking permits for the second semester will be sold beginning January 27, 2026, and the fee is \$39.00. Applications and payment will be accepted by the Business Office (Room 322) before school (7:25-7:40 AM), during lunch (11:10-11:56 AM) and after school (2:30-2:45 PM).

During the first three weeks of school (August 26–September 12), 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 15, all cars driven by students must display a valid 2025-2026 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 attached guidelines set by the school.

Student Signature

Parent/Guardian Signature

MONTGOMERY COUNTY PUBLIC SCHOOLS**Parent/Guardian Request for Student Use of Private Vehicle**Office of District Operations
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850**STUDENT INFORMATION**

Last Name _____ First Name _____ MCPS Student ID: _____
 Address _____ Distance to School _____
 (nearest tenth mile)
 Birthdate ____/____/____ Grade ____ Student's Dismissal Time ____:____ ☐ a.m./ ☐ p.m.
 School Name _____ School # _____
 Phone Numbers: ____-____-____ Emergency ____-____-____ Driver's License # _____

Make, Model, and Year of Vehicle	State and License Tag #	Color	Is Vehicle 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, plus a processing fee.

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. 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.

I agree that by typing my name and today's date below, and submitting this form by electronic mail, I am intending that the below constitutes and is the equivalent to my personal signature.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date ____/____/____

Student Signature _____ Date ____/____/____

TO BE COMPLETED BY SCHOOL

☐ Approved: ☐ Semester 1 ☐ Semester 2 ☐ Full Year ☐ Seasonal _____

☐ Not Approved Reason: _____

Principal/Designee Printed Name _____

Principal/Designee Signature _____ Date ____/____/____

Parking Space Number Assigned _____ Parking Permit # _____

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