

ELGIN HIGH SCHOOL
1200 MAROON DR. ELGIN, IL
60120

(Parking Permit No.)

24-25 STUDENT PARKING PERMIT REQUEST FORM

Student Name _____ Year in School **11** **12**

Student's Driver's License Number _____ School I.D. No. _____

Auto Information

Make _____ Model _____

Color _____ Year _____

Auto License Plate Number _____

Registered Owner _____

Auto #2 Information

Make _____ Model _____

Color _____ Year _____

Auto License Plate Number _____

Registered Owner _____

Insurance Card(s) Shown/Copied _____ Date of Expiration _____

(EHS Treasurer)

We, the parents/guardians of _____

an **11 th /12 th grade student** at Elgin High School, request that a parking permit be issued. The request is made for the following reasons: (please be specific)

Any change in the information listed above must be reported immediately to the OCC/Treasurer

Signed: _____

(Parent/Guardian)

I agree to abide by all school and state regulations governing the use of motor vehicles. I understand that driving while truant, transporting truants, any violation of the closed campus policy, failing to comply with EHS parking rules, and/or any other improper operation of the vehicle will result in the suspension or revocation of my parking privileges without refund, and that I may be subject to other disciplinary action. I also understand that if I receive MORE THAN TWO (2) parking tickets, my car will be TOWED AT MY EXPENSE and my parking privileges revoked. This constitutes my ONLY warning. Signed: _____

(Student)

STUDENT PARKING PERMIT REQUEST INFORMATION

To Parents and Students:

In the interest of safety and best use of the limited parking facilities available, Elgin High School requires the Parking Permit Request Form on the reverse side to be completed for all students who wish to drive to school. ***Parents and students need to understand that driving to school and use of the student parking lot is a privilege.*** All parents must provide evidence of the necessity for motor vehicle use in the **“Request is made for the following reasons”** section of this form.

All policies and procedures regarding driving to school and the use of the school parking lot as outlined in the Parent/Student Handbook apply. If this application is approved, a parking permit will be issued upon the **payment of the \$100.00 fee, proof of insurance, and presentation of a valid driver’s license.** Students and parents must understand that **any violation of the closed campus policy will result in suspension or revocation of any driving privileges without refund of the parking fee.** Students parking in the visitor or faculty parking lot, or occupying more than one space will be ticketed and/or lose their parking privileges. **STUDENT PARKING IS LOCATED ON THE SOUTH SIDE OF THE SCHOOL ONLY.**

Upon receiving a parking tag, it is to be **hung on the rear-view mirror.** You **MUST transfer it to the second vehicle identified on the form when you drive that car to school.** You will be **ticketed if the tag is in any vehicle other than the 2 listed on your form.** If for any reason you need to drive a car **other than the two you have been permitted,** it is your responsibility to report to the OCC and the Treasurer's Office upon your arrival to school.

****** RETURN THIS APPLICATION TO THE TREASURER’S OFFICE WITH VALID PROOF OF INSURANCE AND A VALID DRIVERS LICENSE******

If you **DO NOT** have your parking permit **purchased and displayed** through your windshield by: **Friday, September 13, 2024**

You will be subject to a parking ticket issued from the OCC

There will be NO EXCEPTIONS or extensions for this due date.

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Date purchased: _____ Form of payment: _____ Tag#: _____ Rcpt# _____