

An Indianapolis
Classical
High School



110 East 16th Street
Indianapolis, Indiana 46202
317-231-0010
www.herronhighschool.org

Herron High School Parking Permit Application

Driver Information

Student Name: First: _____ Last: _____
Grade (Circle One): Freshman Sophomore Junior Senior Faculty Staff
Students - Explain the reason you need to drive to school:

Vehicle Information

(If you will be driving more than one vehicle to school, supply the information for each vehicle)

Vehicle 1 –

Make: _____ Model: _____ Color _____ Year: _____ License Plate #: _____ State: _____

Vehicle 2 –

Make: _____ Model: _____ Color _____ Year: _____ License Plate #: _____ State: _____

Vehicle 3 –

Make: _____ Model: _____ Color _____ Year: _____ License Plate #: _____ State: _____

Information for other students you will be routinely driving to school:

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Parental Signature

I (parent/guardian) _____, together with my student, have reviewed these regulations and agree to the terms. I have my student permission to drive to school and verify that he/she is covered by my insurance. I understand that giving this permission does not ensure that my student will be given parking privileges at Herron High School, and that it is my responsibility to ensure that they have transportation to and from school each day.

Parent/Guardian signature: _____ Date: _____
Driver signature: _____ Date: _____

You must include a photocopy of your driver's license, proof of insurance and the \$5.00 permit fee.