



**E A G L E S**

**Student Parking Application Appeal  
Edgewater High School**

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_  
**Grade Level:** \_\_\_\_\_

1. Parent and student complete this form to make an appeal to Edgewater Administration for student parking privilege.
2. Submit completed appeal to Student Services.
3. Appeals will be reviewed by Edgewater Administration each Monday afternoon.
4. Results of the appeal will be **emailed** to the student and the parent by the following day.
5. Students may only submit one appeal form.

Criteria:

- ☐ GPA Requirement: 2.0 Unweighted GPA (Minimum)
- ☐ Graduation Credits
  - ☐ Senior: On-Track
  - ☐ Junior: 14 credits earned (Minimum)

**Narrative for this appeal to administration (carefully crafted responses only):**

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

**Administration Outcome:**

Approved

Denied

Parent & Student were emailed on \_\_\_\_\_

