

STUDENT VEHICLE REGISTRATION FORM

Student's Name _____ Grade _____ HR. _____

Parent/Guardian's Name _____

Address: _____

_____ Home Phone # _____

Student Cell Phone # _____ e-mail address _____

Parent's Cell Phone # _____ Mother's e-mail address _____

Mother's Work # _____ Father's e-mail address _____

Father's Work # _____

Driver's License # _____ Vehicle Make _____

_____ Model _____ Year _____ Color _____ License Plate # _____

_____ Expiration Date _____

Registration # _____

We have received a copy of the parking regulations and agree to abide by them.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____