

Vehicle Registration Form

School Year: 2009-2010

Cost \$5.00

Name of Student Driver: _____ Grade: _____

Vehicle Owner: _____

Make: _____ Model: _____ Color: _____

License Plate Number: _____ Parking tag: _____

Please sign that you have read and understand the Student Parking Regulations.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____