



Student Vehicle Registration

Student's Name _____

Make, Style, Year of Vehicle _____

Color _____ Vehicle License # _____

Date Inspection Sticker Expires _____ Owner of Vehicle _____

Address of Owner (if other than student's home address)

In applying to operate the above vehicle on campus I state that I have read and understood the school's Student Traffic and Parking Regulations and that I will abide by them. I understand that do not have permission to operate any other vehicle on campus until such other vehicle has been registered.

Student's Signature _____

Parent's Signature _____