



Student Vehicle Registration Form

Please print and return to the Academic Assistant, Mrs. Byerly.

Driver Information:

Last Name: _____ First Name: _____

Date of Birth: _____

Cell Phone Number: _____ Alt Phone Number: _____

Email Address: _____

Vehicle Information:

Vehicle Make: _____ Model: _____ Year: _____

License Plate Number: _____ State of Issue: _____

Name of Registered Owner: _____

I certify that all information is correct and accurate. I agree to abide by all parking rules and regulations. I agree to pay all charges resulting from improper parking (i.e. parking tickets and towing charges).

Student's Signature

Date