



## Student Vehicle Registration Form

*Please print and return to High School Principal, Jim Hill.*

### **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