



STUDENT VEHICLE REGISTRATION
For Parking Permit
\$20 Fee

Student's Name: _____

Student's Cell Phone #: _____

Please list vehicles that will be driven to school regularly.

Primary Vehicle:

Make/Model: _____ Year: _____

Color: _____ License Plate #: _____

Secondary Vehicle:

Make/Model: _____ Year: _____

Color: _____ License Plate #: _____

For office use only:

Primary Vehicle Permit #: _____ Secondary Vehicle Permit #: _____

Payment: Cash Check