

# Student Vehicle Registration

*2019-2020 Academic School Year*



Student Name: \_\_\_\_\_

Student Driver's License #: \_\_\_\_\_

Student Cell Phone #: \_\_\_\_\_

Vehicle Make & Model: \_\_\_\_\_

Vehicle Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Insurance Policy: \_\_\_\_\_

Please list information for any additional vehicles you may use:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_