

VEHICLE REGISTRATION FORM

All student operated vehicles must be registered in the Business Office. Please read and follow all Traffic Regulations as stated in the Student Handbook.

Name of Student _____

Registered Owner(s) of Vehicle _____

Make _____ Year _____ Model _____ Color _____

License Plate: State _____ Number _____

Insurance Company _____

Policy Number _____ Expiration Date _____

Other Student-driven Vehicles (if applicable) _____

Do you have a valid driver's license? YES NO

Do you now have or do you intend to have a vehicle at SPLHS? YES NO

Is at least the minimum insurance coverage required by the state in which the vehicle is registered in place at this time? YES NO

I hereby acknowledge that I will follow and obey all traffic rules and policies of Saint Paul Lutheran High School. I understand that I am responsible for the above vehicle regardless of who the driver is or where it is parked.

I certify all of the above information to be true and correct.

Student Signature

Date

Parent Signature

Date

PLEASE FURNISH A COPY OF THE CURRENT INSURANCE CARD AND STUDENT DRIVER LICENSE.