

VEHICLE REGISTRATION FORM

All student operated vehicles must be registered in the Business Office 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 _____

PLEASE FURNISH A COPY OF THE INSURANCE CARD.

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 form at this time? Yes No

Should either or both of the above expire while you are a student at SPLHS will they be renewed immediately? 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 is the driver or where it is parked. I, also, understand that I am responsible for the Vehicle Registration fee.

I certify all of the above information to be true and correct and agree to pay the \$25.00 registration fee.

Student Signature

Parent Signature

Date

Date