



Car Registration

Name: _____

Grade: _____

Driver's License Number: _____

Expires: _____

Make of Car: _____ Model: _____ Year: _____

License Plate Number: _____ Color: _____

If driving more than one vehicle to school, please complete the information below.

Make of Car: _____ Model: _____ Year: _____

License Plate Number: _____ Color: _____

Make of Car: _____ Model: _____ Year: _____

License Plate Number: _____ Color: _____

Please attach a copy of your current California Driver's License, Proof of Insurance and current Registration for the school files.

When you return this information you will receive a car parking sticker that permits you to park on campus.

PLEASE RETURN TO THE FRONT OFFICE

Parking Permit Number Assigned: _____

Seniors only – Parking Space Assigned #: _____

For office use only:

License: _____ Insurance: _____ Registration: _____ Date submitted: _____