



Student Vehicle Registration Form

Student Information

Student's Name: _____

Student's Address: _____

Home Phone Number: _____

Student Driver's License Number: _____

State Issued: _____

Vehicle Information

Make of Vehicle: _____

Make of Vehicle: _____

Tag Number: _____

Model: _____

Year: _____

Color: _____

Insurance Information:

Policy Holder: _____

Insurance Company: _____

Policy Number: _____

Group Number: _____

(Parent/Guardian Signature)

Date