

Date Purchased: n/a Parking Tag # Student lot assigned

Central Kitsap High School

2017-2018

Student Vehicle Registration

Driver Name:

Grade: 12

Driver's license Number:

Name of your auto insurance provider:

NOTE: (all vehicles with your tag in the window must be registered on this document)

Primary Vehicle Description:

Alternate Vehicle Description:

Make: _____

Make: _____

Model: _____

Model: _____

Color: _____

Color: _____

License plate: _____

License plate: _____

Student Driver's signature: _____

Parent/Guardian Signature: _____