2019 – 2020 Vehicle Registration Form
Great Valley High School

Date:

Name: _____ Grade: 12 HR: _____
Last First M.

Type of Car (Primary): _____
Make Model Year Color License plate

Type of Car (Secondary): _____
Make Model Year Color License plate

Owner: _____ Driver's License #_____

*Student's Signature: _____

Address: _____
_____

Phone: _____

Email: _____

*Parent's Signature: _____
(I give my son/daughter permission to drive to school)

Activities:

*My Signature below certifies that I have read and understand the driving/parking rules/regulations that were provided to me during the registration process. I agree to follow all of the driving/parking rules/regulations outlined in the handbook (provided on the first day of school). I understand that failure to abide by these rules may result in loss of driving privileges and or your vehicle being ticketed, towed or booted. Also I understand that parking in the visitor's lot is prohibited during/after school, including athletic practices. Moving your car will not be tolerated.

Must have a parent's signature for your registration to be approved

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For Office Use Only – Do Not Write Below This Line

Tag # _____ **Date Issued: _____** **Paid: Check # _____**