

2016 - 2017 VICTORY CHRISTIAN HIGH SCHOOL STUDENT DRIVER REGISTRATION

Name: _____

Driver's License Number: _____ License Plate Number: _____

Make of Car: _____ Model of Car: _____

Insurance Company: _____

Insurance Policy Number: _____

Parental Permission to Drive:

Parent's Signature: _____

Date: _____

I understand that driving to and from school is a privilege that could be revoked if I am reckless or careless in my driving. I will park in the designated area for students, and I will secure permission from the Principal or High School Office to return to the car during school hours.

Date

Student Signature