

2018-2019 FBHS

Vehicle Registration

Decal # _____ Date _____ Grade _____

License Plate # _____ Driver License # _____

Name _____

Address _____

Home Phone _____

Parent/Work Phone _____

Student Cell Phone _____

Registered Owner of Vehicle _____

Make, Model, Year, & Color of Vehicle _____

Insurance Company _____

I understand that driving to school and parking on campus is a privilege. I understand that if I fail to comply with the parking and driving regulations I am subject to parking citations and/or loss of parking privileges. I also understand that student vehicles may be subject to search if there are reasonable grounds to believe drugs, alcohol, or other contraband might be present in the vehicle.

Signature of Student _____