

## SPRING VALLEY ACADEMY STUDENT VEHICLE REGISTRATION FORM

All students who drive to campus must complete this form and submit it to the school office or to Mrs. Briley before driving or parking on school grounds.

### STUDENT INFORMATION

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date Form Submitted: \_\_\_\_\_

### VEHICLE INFORMATION

List up to three vehicles that may be driven to campus.

Vehicle #1: Color: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Vehicle #2: Color: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Vehicle #3: Color: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

### DRIVER'S LICENSE INFORMATION

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### CAR INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### AGREEMENT

I understand that driving to Spring Valley Academy is a privilege and not a right. I agree to obey all school parking and driving regulations, and I understand that violation of these rules may result in the loss of driving privileges.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only – Date Form Was Submitted \_\_\_\_\_