

AUTOMOBILE/MOTOR VEHICLE REGISTRATION

DATE _____

NAME OF STUDENT _____

VEHICLE MAKE, MODEL & YEAR _____

VEHICLE COLOR & LICENSE PLATE # _____

PARENT: PLEASE SIGN WHICH OPTION APPLIES TO YOU AND YOUR STUDENT'S SITUATION. (IF YOU CHOOSE NOT TO LET YOUR CHILD DRIVE AT NOON HOUR, PLEASE SIGN FIRST OPTION ONLY).

(OPTION A)

I, _____ GIVE MY SON/DAUGHTER PERMISSION TO DRIVE TO AND FROM
(PARENT NAME)
SCHOOL AND AS NEEDED FOR ME OR MY FAMILY.

(PARENT SIGNATURE)

(OPTION B)

I, _____ GIVE MY SON/DAUGHTER PERMISSION TO DRIVE
(PARENT NAME)
TO AND FROM SCHOOL, AS NEEDED FOR ME OR MY FAMILY **AND OVER THE OPEN NOON HOUR.**

(PARENT SIGNATURE)

OFFICE WILL MAKE A COPY OF DRIVER'S LICENSE: