

SMMHS STUDENT DRIVER VEHICLE REGISTRATION

STUDENT NAME: _____

MAKE AND MODEL OF VEHICLE DRIVEN ON CAMPUS

Model/Make/Color	Tag#	Insurance Co.	Policy #	Parking #

I agree to obey all student's driving and parking rules of Signal Mountain Middle/High School as described in the handbook. Further, I understand my 10th tardy in a semester period will result in the loss of driving privileges for ten days, and continued violation of SMMHS rules and regulations may result in the permanent loss of my driving permit.

Parents Approval Signature & Date

Student's Signature & Date
