

**ST. ELIZABETH HIGH SCHOOL  
VEHICLE REGISTRATION**

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

The above named student has my permission to drive to school in the automobile(s) described below:

_____ (YEAR)	_____ (MAKE)	_____ (MODEL)	_____ (COLOR)	_____ (LICENSE PLATE #)
_____ (YEAR)	_____ (MAKE)	_____ (MODEL)	_____ (COLOR)	_____ (LICENSE PLATE #)
_____ (YEAR)	_____ (MAKE)	_____ (MODEL)	_____ (COLOR)	_____ (LICENSE PLATE #)

Please note well:

Students are not permitted to make use of an automobile during the school day unless they have received written permission from the Dean of Students. Reckless Driving in the school area may cause a student to loose their driving privileges.

\_\_\_\_\_  
(Parent Signature) \_\_\_\_\_  
(Student Signature)

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