

2024 – 2025 Vehicle Registration Form
Great Valley High School

Date: _____

Name: _____ Grade: 12 HR: _____
Last First M.

Type of Car (Primary): _____
Year Make Model Color License plate

Type of Car (Secondary): _____
Year Make Model Color License plate

Owner: _____ Driver's License # _____

*Student's Signature: _____

Address: _____

*Parent's Signature: _____

(I give my son/daughter permission to drive to school)

Phone: _____

Email: _____

Activities: _____

*My Signature below certifies that I have read and understand the driving/parking rules/regulations that were provided to me during the registration process. I agree to follow all of the driving/parking rules/regulations outlined in the handbook (provided on the first day of school). I understand that failure to abide by these rules may result in loss of driving privileges and or your vehicle being ticketed, towed or booted. Also I understand that parking in the visitor's lot is prohibited during/after school, including athletic practices. Moving your car will not be tolerated.

Must have a parent's signature for your registration to be approved

For Office Use Only – Do Not Write Below This Line

Tag # _____

Date Issued: _____

Paid: Check # _____

