Cypress Bay High School

REGISTERED DRIVERS FORM

Student Information

Student Number: _____ Grade: _____ D.O.B _____

Student Name: _____ Student Name: _____ ____
(Last Name) *(First Name)* *(M.I.)*

Driver's License Number: _____ State: _____ Expirations: _____

Address: _____

Student's Phone #: _____ Parent's Phone #: _____

Motor Vehicle Information

Make: _____ Model: _____ Year: _____ Color: _____ 2 Doors/4 Doors

Type: Auto Van Truck Motorcycle Other: _____

Student Signature: _____ _____ _____
(Sign) *(Print)* *(Date)*

Parent Signature: _____ _____ _____
(Sign) *(Print)* *(Date)*

Attach copies of the following:

- ☐ Student Driver's License
- ☐ Vehicle Registration
- ☐ Vehicle Insurance Card

Front Office Use Only

Approved By:

_____
(Sign)

_____
(Print)

_____
(Date)

Note: **(1)** ***Students are allowed 5 sign-outs per quarter with parent's authorization and a copy of parent's driver's license sent to: CBH_SIGN_OUT@BROWARDSCHOOLS.COM Email must include full name of student, ID #, time and reason to be released.***

(2) ***Last sign-out is 1:30 P.M.***

Effective to sign-out 48 hours after office approval.