KISD Student Vehicle Registration Form

School Year: 2026-2027 Cost $0.00

Student Name: _____

Student ID #: _____

Grade: _____

Date: _____

Personal & Vehicle Information

Driver's License #	Expiration Date: _____
Vehicle License Plate #	
Make & Model of Vehicle	
Car Color	
Parent Contact #	
Student Contact #	
Student Signature	Date _____

Temporary Parking Stickers

1. **Vehicle License Plate #**	
Make & Model of Vehicle	**Car Color** _____
2. Vehicle License Plate #	
Make & Model of Vehicle	**Car Color** _____

I must provide a photo copy of my valid drivers license and proof of vehicle insurance to Kilgore ISD before I am issued a parking decal. I have read the student handbook and understand the KISD student vehicle parking policy. Decal must be placed in the proper area on the vehicle. I know that Kilgore High School and Kilgore Pathways Academy are closed campuses. I will cooperate with these regulations or be subject to administrative discipline/ loss of parking privledges or my vehicle possibly being towed. I am responsible for the decal number(s) that I purchase. I fully understand that I must park correctly and ONLY in the ASSIGNED/ APPROVED student parking lot areas. I will only move my vehicle from an assigned parking area with permission from a campus administrator.

Office Use Only

Drug Testing Permission Received _____
Drivers License Copy Received _____
Decal # _____

Warning Issued _____
Privileges Suspended _____
Discipline Points Assigned _____