2026 – 2027 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: _____
_____
Phone: _____
Email: _____

*Parent's Signature: _____
(I give my son/daughter permission to drive to school)

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 (which can be referenced online). 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.

The registration form must have a parent's signature for the student's registration to be approved.

_____

For Office Use Only – Do Not Write Below This Line

Tag # _____ Date Issued: _____ Paid: Check # _____