

Last Name Initial _____

Parking # _____

LATTA HIGH SCHOOL Driver's Registration Form

Student's Name: _____

SC Driver's License #: _____

Grade: _____ Age: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____

Color: _____ Car Tag #: _____

Insurance Company: _____

I understand that driving to school is a privilege extended by the school and agree to the following:

- Have a valid driver's license.
- Provide proof that your vehicle is insured.
- Agree to drive safely to and from school and agree to obey all rules regarding driving on the campus before, during and after school.
- Read the rules regarding parking and parking lot behavior in the student handbook, learn them, and obey them.
- **Agree to maintain passing grades in all of my subjects to keep my driving privileges. Failing grades will result in denial of my driving privileges.**
- Come to school on time. **Excessive tardies** may result in denial of my driving privileges.
- Pay \$20.00 for the cost of the initial parking decal. The decal must hang from the rear view mirror at all times the car is on campus. Pay \$5.00 for any additional or replacement decals.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Students must provide a copy of their insurance card and driver's license before a parking decal will be issued. This information can be submitted in person or emailed to carmilla.griffin@lattavikings.com.

LHS Office Use Only

Date _____ Time _____ Parent Signature _____ Driver's License _____ Insurance Card _____