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 \_\_\_\_\_\_\_\_