

Head-Royce School

This is to register a vehicle belonging to a:

Employee Student Parent Other_____

Last Name: (Please Print) _____

First Name: (Please Print) _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Vehicle 1.

Make: _____ Model: _____

Year: _____ Color: _____

License: _____ State: _____

Vehicle 2.

Make: _____ Model: _____

Year: _____ Color: _____

License: _____ State: _____