

**STUDENT VEHICLE REGISTRATION FORM**  
**SETON CATHOLIC CENTRAL HIGH SCHOOL**

Please print all information.

DATE: \_\_\_\_\_

\_\_\_\_\_  
NAME

\_\_\_\_\_  
GRADE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
MAKE OF CAR

\_\_\_\_\_  
YEAR OF CAR

\_\_\_\_\_  
COLOR

\_\_\_\_\_  
LICENSE PLATE NUMBER

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

Please complete one registration form for each vehicle driven to school. Return forms to the MAIN OFFICE.