

**BEST HIGH SCHOOL
STUDENT VEHICLE REGISTRATION
2008-2009**

I have read and understand the Lake Washington School District and BEST High School parking policies.

Student Name: _____
(PLEASE PRINT)

Home Phone: _____ Work Phone: _____

Insurance Company: _____ Expiration Date: _____

Driver's License #: _____ Expiration Date: _____

Vehicle Information

List all vehicles you may be parking on the BEST High School Campus.

	License #	Make	Model	Color
1.				
2.				
3.				
4.				

Student AND Parent must read the Parking Regulations information sheet and sign here:

Parent Please Print Name: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____