



Cypress Bay High School REGISTERED DRIVERS FORM

Student Information

Student Number: _____ Grade: _____ DOB: _____

Student Name: _____
(Last Name) (First Name) (M.I.)

Drivers License Number: _____ State: _____ Expiration: _____

Address: _____

Phone: _____ Parent's Phone: _____

Motor Vehicle Information

Make: _____ Model: _____ Year: _____ Color: _____ 2 Door / 4 Door

Type: Auto Van Truck Motorcycle Other: _____

Student Signature: _____
(Sign) (Print) (Date)

Parent Signature: _____
(Sign) (Print) (Date)

Attach copies of the following:

- Drivers License
- Car's Registration
- Insurance Card

For Office Use Only

Approved By:

(Sign)

(Print)

(Date)