



## Student Car Registration

COM  COP  PSY  MPS  MHA  CHS  CDM

Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Class of: \_\_\_\_\_

Car Make: \_\_\_\_\_

Car Model: \_\_\_\_\_

Car Year: \_\_\_\_\_

Car Color: \_\_\_\_\_

License Plate/State: \_\_\_\_\_/\_\_\_\_\_

Reception Part: \_\_\_\_\_

Decal Number: \_\_\_\_\_

Reception Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Student Initials: \_\_\_\_\_

Date: \_\_\_\_\_

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Date when filed: \_\_\_\_\_

Reception Initials: \_\_\_\_\_

Return Decal Date: \_\_\_\_\_

Reception Initials: \_\_\_\_\_