

MANSFIELD CHRISTIAN SCHOOL

Student Vehicle Registration Form

Permit Identification Number (to be completed by office) _____

School Year _____

Name _____ Grade _____

Address _____ Phone _____

City _____ State _____ Zip _____

Driver's License Number _____ Expiration Date _____

Vehicle Model/Year/Color _____

License Plate Number _____

- Parking Permits - \$2.00 each
- One form per vehicle (additional forms available in the high school office)

Office Use Only

Vehicle Notes and Comments:

_____ **Paid**

_____ **Filed**