FAITH CHRISTIAN
ACADEMY

STUDENT DRIVER REGISTRATION FORM

Complete the below information to register your student as a driver on Faith Christian Academy's campus. Return the completed form to the School Office along with a copy of all applicable insurance cards. Please be sure your student has read the *Traffic On Campus* section of the Parent/Student Handbook.

Student Driver Information

Full Name: _____

Age: _____ Grade Level: _____ Homeroom Teacher: _____

Driver's License Number: _____ Expiration Date: _____

Vehicle Information (*for all vehicles you may drive*)

Make: _____ Model: _____ Year: _____

License Plate Number: _____ State: _____

Make: _____ Model: _____ Year: _____

License Plate Number: _____ State: _____

Make: _____ Model: _____ Year: _____

License Plate Number: _____ State: _____

Insurance Information (*copy of insurance card required*)

Company: _____

Policy Number: _____ Expiration Date: _____

Parent Authorization

Full Name: _____

Signature: _____ Date: _____