

**Cocke County High School
Vehicle Registration Form**

Student Name: _____

Driver's License #: _____

Grade: _____ Age: _____

Parent/Guardian Name & Address: _____

Vehicle registered to: _____

Tag #: _____ Make/Model: _____ Color: _____ Year: _____

Vehicle registered to: _____

Tag #: _____ Make/Model: _____ Color: _____ Year: _____

Proof of Insurance Required

Insurance Company: _____ **Policy#:** _____

Address of Company: _____

Telephone #: _____ **Other Info:** _____

Policy Holder's Name: _____

Relationship to Student: _____

I have read and agree to abide by the conditions related to driving privileges at CCHS.

Student Signature: _____ **Date:** _____

**Bring (5 things): this form legibly completed driving/parking information sheet, driver's license,
proof of insurance and \$15.00.**

Information Witnessed by: (Initials) _____ **Parking Permit #:** _____