



Tri-City Christian Academy Vehicle Registration

Name of Student Driver: _____ Grade: _____

Vehicle Information:

- Make: _____
- Model: _____
- Year: _____
- License Plate Number: _____

Automobile Insurance Information:

- Insurance Company Name: _____
- Insurance Policy Number: _____

The student named above has my permission to drive the vehicle named above to and from Tri-City Christian Academy.

Parent's Signature

Date

The student named above has our permission to transport the students listed below to and from Tri-City Christian Academy:

Parent's Signature of Student Driver

Date

Parent's Signature of Students Being Driven

Date