

# Student Driving/Parking Registration

|                                |      |
|--------------------------------|------|
| Name of Student (Please print) |      |
| Program                        | Date |

*I am an enrolled student of CVTC, and request permission to drive and park a vehicle in the designated student parking area. I understand that this is a privilege, and I will abide by the rules and regulations set forth by Canadian Valley Technology Center. In the event of reasonable cause, this vehicle will be subject to search by school personnel without my consent, without a search warrant, and with no prior notice to me. In the event I refuse a request by school personnel to open a locked vehicle under my control, my parking and driving privileges may be withdrawn and I may be subject to school disciplinary action.*

Please fill out all information listed below:

**LIST ALL VEHICLES YOU MAY DRIVE.**

| YEAR | MAKE | MODEL | TAG | COLOR | PERMIT #:<br>(Official Use Only) |
|------|------|-------|-----|-------|----------------------------------|
|      |      |       |     |       |                                  |
|      |      |       |     |       |                                  |
|      |      |       |     |       |                                  |

Student's Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_