

Grandview Christian School



12340 Grandview Road, Grandview, MO 64030 (816)767-8630 FAX (816)763-5029

STUDENT VEHICLE REGISTRATION 2015-2016

Student Name _____

Driver's License # _____

Vehicle: Make _____ Model _____ Year _____

Color _____ State & Plate # _____

Note: Permit fee (\$10) and a copy of your driver's license must accompany this form.

*** PARENT/GUARDIAN***

I/We do hereby give permission for my/our student (*shown above*) to drive to and from school as well as have this vehicle on campus. We understand that this privilege may be revoked if student does not follow guidelines set forth by GCS.

Parent/Guardian Signature

Date

OFFICE USE ONLY

PERMIT #: _____ DATE ISSUED: _____