

PERMIT # _____

Employee: _____

Student: _____



ANTHONY INDEPENDENT SCHOOL DISTRICT

2008 – 2009 VEHICLE REGISTRATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number:(H) _____ (C) _____

If Student, ID#: _____ Grade: _____

If Employee, campus or assignment _____

Driver's License Number: _____

State Issued By: _____ Expiration Date: _____

Vehicle Make: _____ Model: _____ Year: _____

Color: _____ Body Style: _____ License # _____

Insurance Company: _____ Policy #: _____

Expiration Date: _____ Document Verification By: _____

One form per vehicle.