

**Lutheran High School of San Diego  
Student Car Registration**

**Primary car you will be driving:**

**Alternate car you will be driving:**

License #:

License #:

Color:

Color:

Make:

Make:

Model:

Model:

Year:

Year:

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*Name of student driver:*

*Date of birth:*

*Driver's license #:*

*Name of company car is insured with:*

*Policy # as listed on State of California Evidence Insurance Certificate:*

*Circle days of the week you will be driving:*

M    T    W    TH    F

If driving schedule follows a pattern other than certain specific days each week, please describe that pattern.

Parent's signature \_\_\_\_\_

***\*\*Please have drivers license and insurance card available when returning this form. A copy of these documents will be kept on file.***