

## TCS STUDENT DRIVER REGISTRATION

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Parent's Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Work Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Car Tag No. \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Owner of Car \_\_\_\_\_

Days Student Will Be Driving to School \_\_\_\_\_

Insurance Company \_\_\_\_\_

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