

PERMIT # _____



Employee _____

Student _____

ANTHONY INDEPENDENT SCHOOL DISTRICT 2009-2010 VEHICLE REGISTRATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (Home) _____ (cell) _____

If Student ID# _____ Grade: _____

If Employee, campus or assignment _____

Driver's License _____

State Issued By: _____ Expiration Date: _____

Insurance Company: _____ Expiration Date: _____ Policy#: _____

Vehicle 1	Vehicle Make: _____	Model _____	Year: _____
	Color _____	Body Style: _____	License#: _____
Vehicle 2	Vehicle Make: _____	Model _____	Year: _____
	Color _____	Body Style: _____	License#: _____
Vehicle 3	Vehicle Make: _____	Model _____	Year: _____
	Color _____	Body Style: _____	License#: _____
Vehicle 4	Vehicle Make: _____	Model _____	Year: _____
	Color _____	Body Style: _____	License#: _____

Document Verification By: _____