CENTRAL BUCKS HIGH SCHOOL WEST

Student Automobile Registration Application				Permit #1 Permit #2	
2024-2025					
				Permit #3	
Name:		Grade:	Hom	eroom:	
Address:		Date of Birth:			
		Phone #:			
		Driver's Licens	se #:		
*Proof of ownership - A copy of are registering at the time of a	pplication. Perm	its are not trans		other vehicles.	
Wake and Woder - Wo	st often driven	wake and i	vioder or car	π2	
Year of Mfg.	Color	Year of N	Ifg.	Color	
License Plate No.	State	License F	Plate No.	State	
Owner's Name & Pl	none No.	Owner's Name & Phone No.			
Applicant's Statement: 1) The informativing and parking rules listed on the sunderstand the consequences that will a driving privilege could be revoked shadditional disciplinary action.	reverse side of this appresult from violating the	plication and I will c ne driving and parkir	omply with t ng rules. 4) l	hem. 3) I have read and I understand that my	
		(Date)		<u> </u>	
Signature of Applicant Electronic Signature Not Accepted		(Date)		······································	

(Date)

Office Use Only

Signature of Parent/Guardian
Electronic Signature Not Accepted