

CASCADE CHRISTIAN HIGH SCHOOL
STUDENT PARKING REGISTRATION INFORMATION

Student Name _____ Grade _____

WSDL #: _____ INSURANCE COMPANY / ID NUMBER _____

Vehicle #1

Make: _____

Model: _____

Year: _____ Color: _____

License Plate #: _____

Vehicle #2

Make: _____

Model: _____

Year: _____ Color: _____

License Plate #: _____