



Name: _____

PLEASE PRINT

Grade: (check one) 12 11 10 9

**2018-19 South Lyon High School Student Vehicle Registration
(Please Print)**

Space #	Vehicle Year	Make/Model	Color	License Plate #

Attending OTC? **Check one:** AM PM
Dual Enrolled? **Check one:** AM PM

Cost	\$45 – Yearly Pass
	\$25 – Semester

I agree to follow all parking procedures as stated in the student code of conduct: _____

- Paid by cash
- Paid by check # _____
- Paid via RevTrak (print receipt and bring to registration)

Date: _____

*****Michigan (Vehicle) Registration** required to purchase a parking pass.