



Alsea School District

PO Box B Alsea OR 97324 • Phone: (541)487-4305 • alsea.k12.or.us

Krista Nieraeth
Superintendent/Principal

Joe Harris
Vice Principal/AD

Nicole Davis
Office Manager

2024-2025 Vehicle Registration Form Alsea High School

Date: _____

Student Name: _____ Grade: _____
Last First M.

Type of Car (Primary): _____
Year Make Model Color License Plate

Type of Car (Secondary): _____
Year Make Model Color License Plate

Owner: _____ Driver's License # _____

Insurance: Provider: _____ Policy #: _____

Is this vehicle registered with the DMV: Yes No

*Student Signature: _____

*Parent Signature: _____

(I give my son/daughter permission to drive to school)

**My signature indicates that I have read and understand the driving/parking rules/regulations that were provided to me in the Student Handbook. I agree to follow all of the driving/parking rules/regulations that were provided to me in the Student Handbook. I understand that failure to abide by these rules may result in the loss of driving privileges.*

This document MUST be returned no later than one week (7days) from the time the student starts driving to campus