

# WASHINGTON ISLAND SCHOOL

888 Main Road

Washington Island, WI 54246

Phone: 920-847-2507 Fax: 920-847-2865 Email: superintendent@island.k12.wi.us

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Mati Palm-Leis, Superintendent

Washington Island High School  
Student Vehicle Registration

Student Name \_\_\_\_\_

School Year: September \_\_\_\_\_ thru June \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Vehicle Description:

This Vehicle is insured:

Make \_\_\_\_\_

Yes \_\_\_\_\_

Model \_\_\_\_\_

No \_\_\_\_\_

Year \_\_\_\_\_

License Number \_\_\_\_\_

Color \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

I approve of the above named student operating the above described vehicle between our residence and school during the normal school hours (8:24 a.m. – 3:31 p.m.) including the lunch period. I may revoke this permission at any time. If my child were involved in an accident I realize this is not the fault or responsibility of the Washington Island School.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I understand that I am to drive responsibly and I will park the vehicle immediately upon entering the school property. Seniors can park in the upper lot back row and underclassman will park across from the town building in the lower lot. I understand that failure to do so will result in loss of this privilege.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date