



Name: _____

PLEASE PRINT

Grade: (check one) 12 11 10 9

**2022-23 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

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.