

CHAZY CENTRAL RURAL SCHOOL 2024-25

PLEASE COMPLETE THIS FORM FOR VEHICLE INFORMATION.

Circle One: Faculty/Staff OR *Student

Name:

Address:

City, State, Zip:

Phone #:

Vehicle #1

License Plate #:

Make:

Color:

Vehicle #2

License Plate #:

Make:

Color:

Vehicle #3

License Plate #:

Make:

COIOF:

Vehicle #4

License Plate #:

Make:

Color:

Date:

Signed:

***The last two rows in the back parking lot marked with yellow squares are designated for student parking.**

Please return to the main office by SEPTEMBER 10. Thank you.