



# Springer MS/HS



P.O. Box 249  
Springer, OK 73458  
580.653.2471

Welcome to Springer Public Schools!! We are glad that you desire to enroll your student(s) in our school. Student Enrollment Eligibility must be established prior to the enrollment process. If you are a new student at Springer Schools, then please contact the building principal to see if your student is eligible to enroll.

Upon establishing enrollment eligibility, then the enrollment process can begin. We hope that the enrollment process is an easy one for you and that you feel welcome here. There are a few requirements that need to be met during this process:

**\*\* All new student enrollment forms should be obtained from the secretary's office\*\***

## **Requirements:**

1. **Legal Custody** - The adult enrolling a student must have legal custody of the student. Legal custody is obtained through court proceedings and signed by a judge or biologically.
2. **Proof of Residence** - Documents which meet this requirement are utility bills such as water, gas, or electric or documentation through the County Assessor's Office.
3. **Current Immunizations** - A copy of current immunization requirements must be presented at enrollment. All immunizations must be up to date.
4. **Current Transcript (HS Students only)** - To be able to schedule and place your student in the correct classes, a current transcript is needed.

## **Other needed documents:**

1. CDIB Card
2. Birth Certificate
3. Social Security Card
4. EOI/OCCT Test Results (If requesting transfer)

# Springer Middle & High School

2018-2019

Students FULL Name \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Male  Female Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Birthplace \_\_\_\_\_

Is student of Hispanic /Latino Descent?  Yes  No Indian Tribe \_\_\_\_\_

Check all races that apply:  African American  American Indian  Asian  Pacific Islander  White

### Female Parent With Whom Student Resides:

Please Indicate Relationship:  Natural Mother  Step Mother  Grandmother  Foster Parent  Guardian

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Male Parent With Whom Student Resides

Please Indicate Relationship:  Natural Father  Step Father  Grandfather  Foster Parent  Guardian

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact If Parents Cannot Be Reached

Name \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Relationship to student \_\_\_\_\_

**\*\*Please list a cell phone number for immediate school-wide emergency notification: \_\_\_\_\_**

If new to the District, Last School Attended \_\_\_\_\_

Does your child require special services as required by IEP?  Yes  No

Is your home address located on Federal Indian Property?  Yes  No

Is either Parent employed by the Federal or State Government?  Yes  No

Is either Parent employed by the Chickasaw Nation?  Yes  No

Does student live within a mile and a half from school?  Yes  No

If student has any other siblings in Springer Public Schools, please list Name and Grade.		

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

## **CORPORAL PUNISHMENT**

Springer Public Schools will be utilizing corporal punishment (paddling) as a discipline measure for students. The State of Oklahoma authorizes public schools to use corporal punishment as a discipline measure without parental/guardian consent. However, Springer Public Schools chooses to ONLY use corporal punishment with parental/guardian consent. If you choose to allow an administrator from Springer Public Schools to use corporal punishment as a discipline measure, then the following guidelines will be used in each situation.

### Guidelines for each discipline situation:

- If corporal punishment is appropriate for the behavior in question, the administrator would first check on file to see if the parent/guardian has given written permission to paddle.
- The administrator would then call the parent/guardian to share the situation and see if the parent/guardian is in agreement that corporal punishment is the best choice of discipline. If the parent/guardian does not agree with paddling at this point, then another form of discipline will be used.
- The site administrator will then contact the school superintendent to explain the entire situation prior to implementing the corporal punishment. The school superintendent will make a conclusion as to the appropriateness of corporal punishment in regards to the behavior in question and also review the procedures used to that point.
- Administration of the corporal punishment will be appropriate for the size and age of the student according to state law. The maximum number of swats per day for any student is three according to state law. All instances of paddling require another school employee to witness the paddling. All corporal punishment will be administered in private.
- If the student refuses to be paddled, then another form of discipline will be used.

\_\_\_\_\_ Using the previous guidelines, I give Springer Public Schools authority to use corporal punishment as a discipline measure for my student.

\_\_\_\_\_ Please do not use corporal punishment as a discipline measure for my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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

# Springer Public Schools

## Residency of Child -Affidavit

The residency of any child for school purposes shall be "the school district in which the parents or person having legal custody holds legal residence." *Oklahoma School Statutes §14.A.1.* Legal residence is defined as "the place where one's habitation is fixed without present purpose of removing there from". *Jones v. Burkett 346 P. 2d 338 (Okla. 1959)*

**Please complete the following information regarding residence:**

Name of Student: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Residence of parent(s) where child permanently resides: \_\_\_\_\_

Child's permanent residence: \_\_\_\_\_

Verification of residence used (*Utility Bill, Rental Agreement, etc*): \_\_\_\_\_

How long I have lived at current residence: \_\_\_\_\_

The person having legal custody of the student: \_\_\_\_\_

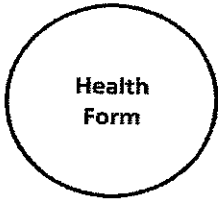
.....

According to *Oklahoma School Statutes §14.A.1*, any person who willfully makes a statement in the affidavit which the person knows to be false shall, upon conviction, be guilty of a misdemeanor punishable by imprisonment in the county jail for not more than one (1) year or a fine of not more than Five Hundred Dollars (\$500.00) or both such fine and imprisonment.

.....

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

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



# SPRINGER PUBLIC SCHOOLS

## Student Health Information

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

Grade \_\_\_\_\_

Does your child wear glasses or corrective lenses?  Yes  No

Does your child have a medical condition that may affect his or her school day?  Yes  No

**\*\*IF YES, PLEASE COMPLETE THE FOLLOWING INFORMATION\*\***

The following information will only be shared with the staff involved with your child.

MEDICAL PROBLEMS \_\_\_\_\_

LIMITATIONS/RESTRICTIONS \_\_\_\_\_

INJURIES/SURGERIES \_\_\_\_\_

ALLERGIES (FOOD/DRUG) \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

In the event of an emergency, when a parent/guardian cannot be reached, emergency personnel and/or school personnel have permission to transport my child to the nearest medical facility.

YES  NO

All medications taken at school require the completion of the "Physician/Parental Authorization for Medications" form. Please refer to the

Students are not allowed to carry any medication on their person during the day. State law does allow carrying medication for asthma or anaphylactic reaction with the proper form on file. All medications must be given to the school office upon the student's arrival to school.

\_\_\_\_\_  
Parent or Guardian Name (Print of Type)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



# SPRINGER PUBLIC SCHOOLS

## PARENT/GUARDIAN CONSIDERATIONS/DISCLAIMERS

PLEASE PRINT

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

Grade \_\_\_\_\_

### School Travel

I DO , I DO NOT  give permission for my child to travel with school officials by bus, van, or car, to attend academic field trips, athletic events, non-academic field trips, class outings, and other activities as scheduled by Springer Public Schools.

### Publication of Name and/or Picture

I DO , I DO NOT  give permission for my child to have their picture on Springer Public School's web page, television, newspaper, social media, or other school related media outlets as well as child/parent name.

### Gifted/Talented

I DO , I DO NOT  give permission for my child to be referred and/or tested to receive Gifted/Talented services.

### Vision/Hearing Screening

I DO , I DO NOT  give permission for my child to have a vision and/or hearing screening.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# SPRINGER PUBLIC SCHOOLS

## Internet Use Agreement 2018-19

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

Grade \_\_\_\_\_

I understand and will abide by the Springer Public Schools Internet Use Agreement. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary and/or appropriate legal action may be taken.

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

\_\_\_\_\_  
Date

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### PARENT OR GUARDIAN

(If you are under the age of 18, a parent or guardian must also sign the agreement.)

As the parent or guardian of the student signing above, I have read Springer Public Schools Internet Use Agreement. I understand that this access is designed for educational purposes, and that the Springer School District has taken available precautions to restrict access to all controversial material. However, I also recognize it is impossible for Springer to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use of the Internet is not in a school setting. I hereby give my permission to grant access for my child and certify that the information contained on this form is correct.

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

\_\_\_\_\_  
Date

## Transportation Routes

Please check which time of day your child will be riding the bus:  AM  PM  Both

Please check the appropriate bus route that your child will be riding.

**BUS 1**

Route: Foothill Rd, Sergeant Rd, Guinea Rd, Hwy 53 W, Hereford Rd, Deese Rd, Candlewood Rd, Horseapple Rd, Blue Bell Rd to school

**BUS 2**

Route: Lumberman, Calvary Rd, Red Wing, Hwy 53, Hwy 53A, Gene Autry, Tumbleweed, Happy Trails, Jay Bird, Grassland, Refinery Rd, Deer Creek, Mt. Washington

**BUS 3**

Route: South on 77 to Richland Rd. to Forest Ln., Back to 77 N to Hwy 53 turn East go to Horseshoe Acres back on 53 W go to Paul St., to Chad Ave. which covers Cindy and Machell St. to Butler Ave. West on Schivally St. to School



## Springer Public Schools Student Enrollment Questionnaire

Your children may be eligible for additional educational services through the Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

**Where are you and your family currently living? Please check one of the boxes below.**

**Section A**

Rent/own my own home or apartment

**STOP:** *If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your home or apartment, please continue to the next section.*

**Section B**

Temporarily with another family member or friend until we can locate affordable housing

In an emergency or transitional shelter

In a vehicle, park, campground, or on the streets

In a house, building, or trailer WITHOUT running water or electricity

In a hotel or motel

With an adult that is not a parent or legal guardian

Alone or in different locations, without an adult serving as a caregiver

Wherever I can find a place to stay at night

Other Please Explain:

**If you check a box in section B, in the space below please list all children currently living with you who attend Springer Public Schools.**

First and Last Name of Student	Date of Birth	Grade

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child?     YES     NO

*The undersigned certifies that the information provided is correct and accurate.*

Relationship to the Student \_\_\_\_\_ Signature \_\_\_\_\_

**STUDENT INFORMATION**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Last Name First Name Middle Name  
 Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Student ID # \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
 MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes \_\_\_\_\_ No \_\_\_\_\_

Select one or more of the following races:

\_\_\_\_\_ African American/Black \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian  
 \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ Caucasian/White

1. What is the dominant language **most often** spoken by the student? \_\_\_\_\_
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? \_\_\_\_\_
3. What language was **first** learned by the student? \_\_\_\_\_
4. Does the parent/guardian need **interpretation** services? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what language? \_\_\_\_\_
5. Does the parent/guardian need **translated** materials? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what language? \_\_\_\_\_
6. What was the date the student first enrolled in a school in the United States? \_\_\_\_\_  
 MM/YYYY

\_\_\_\_\_ Date (MM/DD/YYYY)

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

**SCHOOL USE ONLY**

- Other language than English indicated **TWO OR MORE** times on questions 1 – 3 above. The student is classified as "more often" and automatically qualifies as **bilingual** on the accreditation report.
- Other language than English indicated **ONLY ONCE** on questions 1 – 3 above. The student is classified as "less often" and only qualifies as **bilingual** on the accreditation report **if he or she meets one of the following** (any selection below REQUIRES appropriate documentation):
  - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool.
  - 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
  - 3. Scored at or below the 35<sup>th</sup> percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

**DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN**

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

**From Above:**  
 Question 1: Reference WAVE code 1036  
 Question 2: Reference WAVE code 1037  
 Question 3: Reference WAVE code 1038

U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202

**TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**STUDENT INFORMATION**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)

Name of School \_\_\_\_\_

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the:  Child  Child's Parent  Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- Federally Recognized
- State Recognized
- Terminated Tribe (Documentation required. Must attach to form)
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

## Impact Aid Program Survey Form

The survey date is 8/31/18

**All boxes must be filled in with complete information if applicable**

### STUDENT INFORMATION

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Address		City		State	Zip Code
If the above property is a federal property, enter the name of the property.		Name of federal property			

**Fill in the above boxes with complete and accurate information**

### PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN

Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States and 2) either parent/guardian with whom the student resided was employed on federal property, or 3) either the parent/guardian reported to work on federal property *on the survey date*. Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian's Employer			
Address of Parent/Guardian's Employer		City		State	Zip Code
Name of federal property					
Address of federal property		City		State	Zip Code

**Fill in the above boxes with complete and accurate information**

### PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States *on the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
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**Fill in the above boxes with complete and accurate information**

### PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer *on the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
Name of Foreign Government			

**Fill in the above boxes with complete and accurate information**

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act), and *may* be provided to the U.S. Department of Education *if* your school district's application for payment is audited. This form *must* be signed and dated for your school district to receive funds based on this information.

**\* By signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.**

→ Signature of Parent/Guardian \_\_\_\_\_ → Date 8-31-18

**Springer Public Schools**

**2018-19 AUTHORIZATION TO ADMINISTER MEDICATIONS AT SCHOOL**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

*In compliance with Oklahoma School Law Title 70.116.2 and Title 70.116.3, this consent gives the employees of Springer Public Schools permission to give the following medications while the above student is at school or at school functions. I understand that the medications must be supplied and brought to the school by the parent/guardian in the original container with the student's name written legibly on it. If it is a prescription drug, the entire prescription including the name of the drug, who prescribed it and dosing instructions must be on the bottle. I also understand that nonprescription medications can only be given as per recommended dosing instructions on the container.*

*\*Prescription medication to be given:*

\_\_\_\_\_

*\*Time to be given:* \_\_\_\_\_

*Occasionally a student presents to the office with a headache, fever, or minor pain. I give my permission for the school secretary and/or office staff to give my child one of the following*

*\*Check each allowed:*

Tylenol \_\_\_\_\_

Motrin \_\_\_\_\_

*\*Reason to be given and/or complaint to be given for:* \_\_\_\_\_

**NOTE:** All students with 101 or greater fever cannot be at school until fever free for 24 hours per state law.

*\*By agreeing to allow the above medications administered at school you cannot hold the school or its employees accountable for unknown adverse reactions to your child.*

**NOTE ASTHMATICS WITH RESCUE INHALERS:** *I give my permission for my child to keep his/her personal rescue inhaler in their possession while at school. I verify that my child can use their inhaler per prescribed parameters. I also understand that the school cannot be held accountable for lost inhalers not kept in the office. INITIAL HERE:* \_\_\_\_\_

*\*If any child is seen using their inhaler in a manner deemed irresponsible, it will be removed from the student's possession and parent will be notified.*

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

\_\_\_\_\_  
**Relationship**

## VEHICLE PARKING/REGISTRATION/USE

The students of Springer High School are allowed to drive their own automobiles, motorcycles, or motor scooters to the school campus. They are reminded, however, of the responsibilities that accompany their driving. Their attitudes and driving practices around the school facilities should not endanger themselves or others. This concern for oneself and others does take precedence over everything else (speeding, careless driving, "showing off", excessive noise, etc.). Violations may result in loss of driving privileges, notification of law enforcement officers, or other discipline measures.

### Registration

All motor vehicles that are driven to school, including automobiles, motorcycles or motor scooters, must be properly registered in the principal's office during enrollment or prior to a student driving onto campus. Failure to comply with this registration or failure to park in the designated areas may result the loss of driving privileges. All student drivers must hold a valid driver's license, vehicle tag, and insurance. The student's driver's license and insurance verification must be shown at enrollment. Vehicles must not leave the parking lot without clearance from the principal's office. Others rules include:

1. Students will park in designated areas.
2. When students arrive at the school campus, they shall park their cars and get out immediately.
3. Students will not be allowed to go back to their vehicle at any time during the school day unless they have permission from school personnel.
4. Students will not be allowed to sit in parked cars or on tailgates at any time during the school day.
5. Students are not to move their automobiles between classes unless authorized to do so by the office.
6. It is the expectation that all student drivers operate vehicles within the laws of this state.
7. No students will be allowed to drive a school owned vehicle (except as required by drivers education).
8. Students will not be allowed to ride in the back of pickups on school campus.
9. Vehicles that are parked in the Springer Schools parking lot or on school property during school hours shall not have inappropriate slogans, artwork, pictures, advertisements or lettering that depict drugs, alcohol, tobacco, sex, profanity, vulgarity, lewdness or obscenity. Students violating this policy are subject to discipline and may lose driving privileges.
10. All students parking on campus must display their registration hangtag at all times on the rear view mirror of their vehicle. Failure to do so may result in discipline or loss of driving privileges.
11. Students must ride the bus on school sponsored activity trips.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Printed Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Vehicle Make \_\_\_\_\_ Vehicle Model \_\_\_\_\_

Vehicle Color \_\_\_\_\_ Vehicle Tag Number \_\_\_\_\_

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### **OFFICE USE ONLY:**

Driver's License Verification \_\_\_\_\_ Insurance Verification \_\_\_\_\_

*(Employees please initial verifications)*