



Student Profile and Vehicle Registration Form

Student Name: _____
 Last First Middle
 Student ID # _____ DOB: _____ Cell Phone: (____) _____
 Current Mailing Address: _____ City: _____ State: _____ Zip: _____

FAMILY MEMBER TO BE CONTACTED IN CASE OF EMERGENCY:

Name: _____ Relationship: _____
 Evening Phone:(____)-_____ Day Phone:(____)-_____ Cell Phone:(____)-_____

LIST ANY ALLERGIES/CHRONIC ILLNESSES (diabetes, epilepsy, etc.)

No known Allergies Current Medications: _____

Permission to authorize necessary medical treatment in case of emergency Yes No
 (surgical operations, anesthesia (local/general), x-ray exams and treatments as may be ordered/requested by the doctor in charge of my case)

I understand that, in case of medical emergency, this information may be shared with medical personnel and the family emergency contact may be called.

Print Name: _____

Signature of student (or signature of parent or guardian if student is under 18) _____ Date: _____

VEHICLE REGISTRATION:

All BC students are required to have a valid parking decal for each year they are enrolled. Each semester upon registration, a student's account will be billed \$75 automatically for a parking decal. All decals must be properly displayed or the student will face fines for failing to properly display their parking decal. Additionally, students who do not have a vehicle can opt out of this charge by checking the appropriate box below. Please note that students that opt out of having a parking decal and are found with a vehicle on campus will be charged \$300. Students who are charged for this fine will need to register their vehicle and display their parking decal or they will be subject to additional fines/charges through the Social Code Review Process (see Student Handbook for more information).

I choose to opt out of having a vehicle on campus (Initials _____)

OR

I will have the following vehicle on campus:

Make: _____ Model: _____ Year: _____

Color: _____ License Plate #: _____ Issuing State: _____

OFFICE USE ONLY: Decal Number _____