



PERMISSION TO DRIVE

NAME: _____

YEAR LEVEL: _____ **DATE OF APPLICATION:** ____/____/____

I, (parent name) _____ give permission for

PRINT

_____ to drive to school. If the conditions are not

PRINT STUDENT NAME

followed, the privilege of parking at the College will be withdrawn. The school takes no responsibility for the safety of the driver or any passengers of the vehicle.

Parent/Carer Signature _____

CONDITIONS:

1. I must adhere to the speed limit in the College driveway.
2. Should I need to access my car through the day, I will ask permission from Mrs Austin-Campbell.
3. I am not allowed to leave the school during school hours without the appropriate permission.
4. I must park in the carpark adjacent to the Administration block or the Egmolesse Street carpark.

SIGNATURE: _____ (Student)

Details of Vehicle/s:

	Vehicle 1	Vehicle 2
Year		
Make:		
Model:		
Colour:		
Registration Number:		

- I grant / refuse permission for the above student applicant to drive onto the College grounds.

Elizabeth Austin-Campbell
Deputy Principal

NOTES ON STUDENT DRIVER

For Admin Office Use only:

Details entered on Student Driver document by: _____ Date: _____