



STUDENT DRIVING FORM



Year Level: _____ Date of Application: ____/____/____

I, (parent name) _____

PRINT PARENT/CAREGIVER NAME

give permission for _____

PRINT STUDENT NAME

to drive to school. If the conditions are not followed, the privilege of parking at the College will be withdrawn.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.

CONDITIONS:

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

Student Signature: _____

Parent/Carer Signature: _____

DETAILS OF VEHICLE/S

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

*** STAFF USE ONLY ***

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

Elizabeth Austin-Campbell
Deputy Principal

Details entered on Student Driver document by:

_____ Date: ____/____/____

