

**PICTON HIGH SCHOOL
STUDENT DRIVER PERMISSION NOTE**

eg. TAFE, Work Placement, Excursions, etc



NAME: _____

YEAR: _____

DRIVER:

Please provide the following:

LICENCE Provide a copy of	Licence no:
CAR REGISTRATION PAPERS Provide a copy of	Car Rego no:
3 RD PARTY/ FULL COMPREHENSIVE INSURANCE POLICY	Insurance Policy Company & Policy No:

Please read the following conditions and sign below.

- Students are to conduct themselves in a safe manner when driving and adhere to the NSW road regulations.
- Students and their parents/guardians accept full responsibility for:
 1. Safe Driving.
 2. Roadworthiness of the vehicle.
 3. Appropriate insurance

DRIVER'S SIGNATURE: _____

PARENT TO COMPLETE:

PARENT NAME: _____ I give permission for my student

_____ to drive to and from school during school hours and drive the passengers listed below.

PARENT/GUARDIAN'S SIGNATURE: _____ **DATE:** _____

PASSENGERS:

I give permission for my student to be a passenger during school hours driven by (insert driver's name):

PASSENGER NAME	SIGNATURE OF PASSENGER'S PARENT	DATE	SIGNATURE OF DRIVER'S PARENT	DATE