



# Glendale Technology High School

"Educate for Life"

PO Box 3067  
Glendale 2285  
Ph.02 4954-9166

Email - glendale-h.school@det.nsw.edu.au

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 <sup>RD</sup> 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 \_\_\_\_\_ during school hours and drive the passengers listed below.  
(List the excursion / activity)

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