



# Glendale Technology High School

"Educate for Life"

PO Box 21  
Cardiff 2285  
Ph. 02 4954-9166

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

NAME: \_\_\_\_\_

YEAR: \_\_\_\_\_

EXCURSION NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## DRIVER

Please provide a copy of the following:

LICENSE	License no:
CAR REGISTRATION	Car Rego no:
3 <sup>rd</sup> PARTY / FULL COMPHREHENSIVE 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 PASSENGERS PARENT	DATE	SIGNATURE OF DRIVERS PARENT	DATE