STUDENT DRIVER PROFORMA – 2017/18

Student Details

My son / daughter ___________________________ in Year ______ has my permission to drive to school.

Please print FULL NAME

He/she holds a valid driver’s licence and will drive a registered, CTP insured vehicle.

Please circle the days of the week that the student will be driving to school:

Monday    Tuesday    Wednesday    Thursday    Friday

Vehicle Type + Colour: ___________________________________________________________

Registration Number: ___________________________________________________________

Emergency Contact Name & Phone Number: __________________________

Other Students Travelling in the Vehicle

The College holds no responsibility for students travelling in the student driver’s car. However, it is in the student’s best interest that parents, caregivers and school authorities are aware of student passengers in a vehicle. Please complete the details below.

Name of siblings travelling in the student driver’s car. However, it is in the student’s best interest that parents, caregivers and school authorities are aware of student passengers in a vehicle. Please complete the details below.

Name of siblings travelling in the vehicle: __________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

I give permission for my son / daughter to transport the following students in their vehicle. Only 1 other Year 12 student is to be present in the car at one time. (Please list all student passengers):

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Any student who wishes to travel as a passenger in the student’s vehicle must also supply the College Office with a permission note from parents / caregivers.

*All documentation must be attached for this to be approved by the College.
Processing the Request to Drive

Allow two days for the College Secretary to process the “Permission to Drive” request. Once the request is processed the driver will receive a Gilroy card with a number on it. This must be displayed on their dashboard while the student is at school.

If you change vehicles you must inform Student Services in order to update the Driving Registry.

Parent’s / Caregiver’s Permission

I understand that my son / daughter will be required to adhere to the conditions set out for students driving to school.

Parent’s / Caregiver’s Name: ________________________________

(Please print)

Parent’s / Caregiver’s Signature: ________________________________

(Please print)

Student’s Agreement

➢ I understand that I must abide by the conditions set out for students driving to school. I agree to abide by all of the conditions relating to a student driver. I agree to obey all traffic rules.

➢ I understand that if I breach a condition relating to Late Start or Early Leave Permission, I will forfeit this privilege for a period of ten weeks.

Student’s Name: ________________________________

(Please print)

Student’s Signature: ________________________________

Date: ________________________________

Office Use Only:

Driver’s Licence sighted: ________________________________

Year 11/12 Year Coordinator Signature: ________________________________ Date: ________________________________

Please return the completed form to Student Services