

Transport Safety and Drivers

Transport of students by: volunteer / contractor / school staff / Parent (please circle)

1. Nam	e of Driver					
2. You hold an appropriate current driver's licence/s for the vehicle you will be driving						
3. Your	3. Your licence is: (please provide a photocopy) • Full car Licence					
•	Passenger Service Licence					
•	Large passenger service and heavy traffic					
4. The v	4. The vehicle you are driving is registered					
5. Vehic	cle registration number					
6. The \	6. The vehicle you are driving is roadworthy and has a current: Warrant of Fitness OR Certificate of Fitness					
7. The vehicle you are driving is covered by one of the following insurances:						
Third party property						
•						
• ·	Comprehensive					
8. I agre	ee to adhere to all the road rules					
9. Each person in the vehicle will use a seat belt (if fitted and required)						
10. The seating capacity of the vehicle will not be exceeded						
I acknowledge the above information is accurate						
Signed:	·	Date:				
Name:						
COPY RETAINED AT SCHOOL AND COPY FOR DRIVER						
The following information is to be entered when passengers are allocated						
Event						
Passen	gers:					
1		6				
2		7				
3		8				
4		9				
5		10				



DRIVERS and PASSENGER PERMISSION

Complete one or more of the follow	by				
A. Permission to travel in vehicle	le driven by a named student, staff me	mber, or assistant			
I give permission for my child					
To travel in a car driven by					
For the	_ trip to	Date			
Signed by parent/guardian		Date			
Name					
B. Permission to drive car on so	chool FOTC event				
D. Fellinggion to unite ca. c c.	Alloon Lotto event				
To drive his / her / my car					
For the EOTC trip to		Date			
Signed by parent/guardian	Date				
Name					
C Permission for a student driv	rer to carry students in a car on an EO	TC avent			
C. Permission for a student driv	er to carry students in a car on an Eo	IC event			
I giver permission for my child					
To carry the following students					
1	23_				
4	56_				
For the EOTC trip to	Date				
Signed by parent/guardian	Date				
Name					
Contact number					