**REGISTRATION OF MOTOR VEHICLES DRIVEN TO SCHOOL BY STUDENTS**

Dear Parent/Guardian

Please complete the following form to give permission for your son/daughter to drive to and from school. The vehicle is used before and after school only.

NAME OF STUDENT:

CARE CLASS:

MAKE AND MODEL OF VEHICLE:

REGISTRATION NUMBER:

COLOUR OF VEHICLE:

I consent to my son/daughter driving to and from school in the above vehicle.

NAME OF PARENT/GUARDIAN SIGNATURE OF PARENT/GUARDIAN DATE:

I **do / do not** *(please circle)* consent to my son/daughter driving passengers.

If you approve of other passengers travelling in the vehicle with your child, write the names of the approved passengers below:

The approved passengers also required the consent of their parent /guardian.

Yours faithfully

Approved

Mr M Clarkson Principal

Date: / /

Administration Use Only

* OS
* Register updated

Mr Michael Clarkson Principal

Laidley State High School

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