



DRIVING PERMIT APPLICATION FORM

Name: Initials:.....

House: License No:.....

Car Details	1	2	3
Make/Model			
Type (car/ute)			
Year			
Colour			
Registration No			

Named passengers for whom written permission has been received by the School from both sets of parents:

.....
.....

In submitting this form the student acknowledges that they have read, understood and will abide by the School Driver Regulations.

Student's signature: Date:

Parent's signature: Date:

Please return this form to the Deputy Headmaster when completed along with a copy of the student's Driver's License. A Driver Permit will be issued as soon as is practicable.

Return to:
Deputy Headmaster