

## Transport by private vehicle to/from excursion (school-endorsed activity)

## Parent consent for student to drive

- please complete this and return to the school.
- Use this form if you consent to your child driving themselves and other students

School-endorsed activity							
Name of activity							
Location/address of activity							
Date(s) of activity							
Estimated time range of activity	Depart school:		Arrive at activity:				
	Depart activity:		Return to school:				
Passengers	Name:		Name:				
	Name:		Name:				
Vehicle to be used: Where the student may drive more than one vehicle, use a separate form for each vehicle							
Vehicle make/model	Make:		Model:				
Vehicle	Licence plate number:		Registration expiry date:				
Vehicle ownership	□ owned by me	owned by my child		owned by another person who consents to my child driving it			
Driver (your child)	·						
Driver name							
Driver age	□ 17-19	□ 20-24		□ 25 years or older			
Driver licence type	🗆 Full	□ P2		□ P1			
Driver licence expiry date		1					
Registration check and copy of driver licence	<ul> <li>check vehicle registration is current online at <u>service.nsw.gov.au/transaction/check-vehicle-registration</u> and attach a copy</li> <li>attach a copy of your child's driver licence (front side only)</li> </ul>						



**Disclaimers:** 

- drivers are responsible for complying with road rules and exercising care and skill. The school and Department of Education are not liable for the acts or omissions of drivers of private vehicles.
- drivers and vehicle owners are responsible to ensure that the vehicle is roadworthy before use. School staff are not qualified to inspect the condition of private vehicles

Consent and declaration of parent/carer/guardian:							
Driver's (your child) name							
Relationship to child	□ parent		□ carer/guardian				
Consents and declarations	□ I consent to my child driving the vehicle listed above						
	$\Box$ I consent to my child driving other passengers in that vehicle						
	$\Box$ I have discussed with my child their responsibilities as a safe driver						
Parent/carer/guardian	Name:	Signature:		Date:			
Driver	Name:	Signature:		Date:			

**Privacy statement:** Your personal information is being retained by NSW Department of Education in connection with the activity referred to above. For information on how the department manages personal information including your access rights please visit <u>https://education.nsw.gov.au/about-us/rights-and-accountability/privacy/privacy-information-and-forms</u>

