TAS
THE ARMIDALE SCHOOL

Student Driver Permission Form

Students licenced to drive may apply to drive a vehicle to and from school. Only 4-wheeled licenced vehicles are permitted. Both the student and a parent/carer from the listed household must sign this form. The student may only commence using their vehicle once permission has been granted by the Deputy Principal. The school reserves the right to withdraw these privileges at any time.

Student and vehicle details

Student's Name: _____

Student Type: ☐ Day Student ☐ Boarder – House: _____

DRIVERS LICENCE DETAILS		VEHICLE DETAILS	
Licence Number:		Registration Number:	
Licence Expiry Date:		Make/ Model:	
Licence Type:		Colour:	
Approved Passengers:			

I agree to sign this application on the following understandings:

- I have read in full and understand The Armidale School Driving Policy as provided online at the TAS Website
- I understand that driving to and from the School is a privilege which can be withdrawn at any time.
- I understand that this privilege will be revoked immediately if I drive in a dangerous or inappropriate manner to or from the School.
- I understand that it is my responsibility to notify the school immediately of any traffic infringements received that will affect my driving to and from school.
- I understand that I am representing the School whilst driving in school uniform and will behave accordingly.
- I understand and will NOT allow any unapproved person to be a passenger in my vehicle as per the policy.
- I will obey the School rules as per policy regarding parking, care and responsibility for my vehicle.
- I will accept liability against all claims, demands, actions, suits, proceedings, losses and damages of any nature which may be suffered in connection with vehicular damage, fault, accident, loss of limb or life where I am involved or another party.

Student Signature: _____ Date: ..... / ..... / .....

Parent Signature and Full Name: _____ Date: ..... / ..... / .....

_____

SCHOOL APPROVAL – Internal Use

Deputy Approval: _____ Date: ..... / ..... / .....

Comment: _____