

VEHICLE REGISTRATION FORM

STUDENT SURNAME _____ GIVEN NAME _____
(Please print)

VEHICLE REGISTRATION NO _____ STATE REGISTERED IN _____

MAKE OF VEHICLE _____ TYPE _____ COLOUR _____

PERMISSION / AGREEMENT SECTION

PARENT

1. I _____ give permission for my child to drive to and from the
(please print) college and utilise designated student parking areas.

Signed _____ Date _____
Parent Signature

2. I _____ give permission for my child _____
(please print) (please print) to be a passenger in the vehicle of _____ who will be driving to and
(please print) from the college and utilising designated student parking areas.

Signed _____ Date _____
Parent Signature

STUDENT

I _____ agree to adhere to the driver guidelines of the
(please print) College / precinct and am aware if I break these provisions, I will consequently lose this privilege.

Signed _____ Date _____
Student Signature