PENNANT HILLS HIGH SCHOOL
RESPONSIBILITY INTEGRITY ACHIEVEMENT

PARENT CONSENT FOR STUDENT TO DRIVE

Transport By Private Vehicle To/From Excursion (School-Endorsed Activity)

Please complete this form if you consent to your child driving themselves.

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:	
VEHICLE (Where the student may drive more than one vehicle, use a separate form for each vehicle).			
Vehicle make/model:	Make:	Model:	
Vehicle:	License 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		
Driver licence type:	☐P1 ☐P2		
Driver licence expiry date:			
Registration check and copy of driver licence:	Please attach the following to this form: • Vehicle Registration (must be current) Check at Service NSW - Registration Check • Your child's driver's licence (front side only) • Vehicle insurance		

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	☐ Caregiver	
Consents and declarations:	☐ I consent to my child driving the vehicle listed above		
Parent/caregiver:	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:
Department of Education - Privacy Information & Forms.

SCHOOL OFFICE USE ONLY		
Deputy Principal Name:		
Signature:		Date: