

Holy Spirit College

STUDENT NAME: _____

HOMEROOM: _____

I, _____ seek permission to drive to and from the College. I have read the College's Policy regarding driving to and from the College and I agree to abide by this. I also understand that if I do not follow these regulations, then permission will be withdrawn.

I clearly understand that at no time must my vehicle be on the College property, unless directed to do so by the Principal. The vehicle is to be parked in the Student Car Park and the Parking Permit clearly displayed on the dashboard.

I have not received any driving penalties. I understand if I receive any such penalties I am not to carry passengers to and from the College.

I will ensure the car always is registered and has CTP Insurance.

STUDENT SIGNATURE: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

VEHICLE DETAILS (include all vehicles that you are likely to drive):

MAKE			
COLOUR			
REGO NUMBER			

DATE: _____

OFFICE USE ONLY

Application: APPROVED NOT APPROVED

PRINCIPAL'S SIGNATURE: _____

Licence No: _____ Licence sighted:

Vehicle Registration papers sighted:

Student's Services or Teacher's signature: _____

Live By The Truth

2 Cawley Road Bellambi NSW 2518
PO Box 63 Corrimal NSW 2518
02 4285 2877 Fax. 02 4285 2914
info.hsc@dow.catholic.edu.au
hscdow.catholic.edu.au

67 786 923 621