



Western Adelaide Secondary Schools Network

TRAVEL IN PRIVATE VEHICLES FORM WESTERN ADELAIDE REGIONAL VET PROGRAMS

Students who drive themselves, take student passengers or are a passenger with another student, must have signed consent. All **drivers and passengers** must complete Section A, all **drivers** must complete Section B, all **drivers under the age of 18** must complete Section C, and all **passengers under the age of 18** must complete Section D.

SECTION A: All drivers and passengers

Student name: _____ Home School: _____

Year Level: _____ Home/Care Group: _____ Date of Birth: _____

Program name: _____ Host School/Organisation: _____

Location: _____ Day/s of week: _____

SECTION B: All drivers

The following statements are true in relation to my vehicle:

- I hold a current driver's licence
- The car I will be driving is registered
- The car I will be driving is covered by one of the following insurances (please tick):
 Third party property Comprehensive
- Seat belts in the car will be used by all passengers
- I am aware that there is no provision by the school nor DECD for any claims which may result from use of this vehicle

DRIVER

Name: _____ Signature: _____ Date: _____

REGISTERED OWNER

Name: _____ Signature: _____ Date: _____

SECTION C: All drivers under the age of 18 (to be completed by parent/caregiver)

I give my permission for the student identified in Section A to drive for the purpose of travel to and/or from a Regional VET program and confirm that the details above (in Sections A and B) are correct in relation to my child and the vehicle to be used.

PARENT/CAREGIVER

Name: _____ Signature: _____ Date: _____

SECTION D: All passengers under the age of 18 (to be completed by parent/caregiver)

I give my permission for the student identified in Section A to be a passenger with a student driver for the purpose of travel to and/or from a Regional VET program. I am aware that there is no provision by the school nor DECD for any claims which may result from this arrangement.

DRIVER

Name: _____ Signature: _____ Date: _____

PARENT/CAREGIVER

Name: _____ Signature: _____ Date: _____

*Please complete this form and return it to your Home School VET Coordinator.
VET Coordinator – please forward a copy to the Host School/Organisation.*