



KAPUNDA
High School

Kapunda High School

Student Car Drivers / Motorcycle Riders Notification



The driver is responsible for arranging the completion of this form, including permission from the parent/caregivers of any passengers. A new form must be completed, should any changes occur.

Name: _____

Address: _____

Home Group: _____

Student Ph: _____

Description of Vehicle/Motorcycle

Make: _____

Year: _____

Registration: _____

Registered Owner: _____

Consent of driver's parent/caregiver

I give permission for _____
to drive/ride the above vehicle to school.
I understand that the car will not be used during
school hours, unless specific written permission is
given.

Parent/caregiver signature: _____

Date: _____

Passengers (preferably only immediate family)

1: _____

2: _____

3: _____

Consent of driver's parent/caregiver

I give permission for my son/daughter to
transport the passengers listed above.

Date: _____

Consent of passenger's parent/caregiver

I give permission for my son/daughter to travel to
school in the named student's car. I understand
that he/she will not travel in the vehicle during
school hours unless specific written permission is
given.

Student's name: _____

Parent/caregiver's signature: _____

Date: _____

Student's name: _____

Parent/caregiver's signature: _____

Date: _____

Student's name: _____

Parent/caregiver's signature: _____

Date: _____