



## Student Passenger Application Form

*This form must be completed by the **parent/guardian of any student who is** intending to travel to the College as a passenger of a student of this College who drives a car to and from the College or its programs and functions.*

I give approval for the below passenger to travel with the driver listed below and accept all conditions detailed in the College's Student Driver Policy.

Parent's Name:		Date:	/ /
Signature:			

### Passenger Details

Student's Name:		Date:	/ /
Signature:			

### Driver's Details

Student's Name:		Date:	/ /
Signature:			

### College Approval

Approved by:		Position:	
Signed:		Date:	/ /

**FORMS WILL BE RETAINED BY THE 10-12 COORDINATOR. THE STUDENT SHOULD KEEP A COPY.**