



Student Driver Consent Form

Please complete this form and return to the office, with a photocopy of both sides of your licence.

Student name: _____

Address on Licence: _____

Student Driver Details	
Victorian Licence No:	
Car Model:	
Car Colour:	
Car Registration:	
Student's Mobile Ph:	
Sibling/s Travelling in Vehicle:	
Parent/Carer's Name:	
Parent/Carer's Signature:	
Student's Signature:	
Date:	

By signing this document, you agree to abide by the conditions of our **Student Driver Policy**. I agree that if I'm found to be in breach of this policy, sanctions will be applied.

Student Signature: _____

Attitude

Application

Achievement