

VEHICLE AUTHORISATION FORM

I give permission for my son / daughter

Form to travel using motor vehicle registration

number and understand that the school

cannot accept responsibility for any accidents or damage

which might occur on school property.

Vehicle Type and colour

Insurance Company's Name

Signed

Date

I undertake to drive safely and carefully within the school grounds and in the local vicinity. I will ensure that seat belts are worn correctly. I will not drive at more than 5mph on the school site. I will park in the leisure centre car park.

Signed (student)

Date

Please complete and give to the Sixth Form Support Officer.

Date:

SIMS Manager: