

## YEAR 12 CAR REGISTRATION FORM

The completion of this form provides for permission to be sought to park your registered car in the school's car park.

Please Note: This permission can be withdrawn immediately if:

- a. Driving dangerously.
- b. Speeding
- c. Disrespectful to other road users.

STUDENT NAME: \_\_\_\_\_  
FIRST NAME SURNAME

PARENT NAME: \_\_\_\_\_  
FIRST NAME SURNAME

DATE OF BIRTH: \_\_\_\_\_ GENDER: MALE / FEMALE

### ADDRESS AND CONTACT DETAILS:

STREET: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POST CODE: \_\_\_\_\_

PHONE HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DAYS IN SCHOOL M  T  W  T  F

### CAR DETAILS:

MODEL: \_\_\_\_\_

COLOUR: \_\_\_\_\_

CAR REGISTRATION NUMBER: \_\_\_\_\_

WILL YOU BE CARRYING PASSENGERS TO & FROM SCHOOL: YES / NO

IF YES – NAME(S): \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

OFFICE USE:

PERMISSION GRANTED: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Signature

SIS Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

