

Hawera High School Vehicle Pass Application

This form is to be completed by a student who wishes to drive a vehicle to school. A vehicle pass will not be issued unless the form is signed by BOTH the student (applicant) and at least one parent / caregiver.

Student Name: _____

Form: _____

Date of Birth: _____

Year: _____

VEHICLE/LICENCE DETAILS

Type of Vehicle/s: CAR / MOTORCYCLE / OTHER (Please Circle)

Make and Model of Vehicle/s: 1. _____ 2. _____

Registration Number/s: 1. _____ 2. _____

Colour of Vehicle/s: 1. _____ 2. _____

Licence Category: FULL / RESTRICTED / LEARNER (Please Circle)

Date Licence Obtained: _____

SIGNATURES

I agree not to carry passengers other than those specified on this form.

Signature of Driver: _____

Date: _____

I give permission for _____ to drive the above vehicle/s to school and I accept ultimate responsibility for his/her conduct whilst in the vehicle. I also give permission for any family members listed below to be driven by the Driver above.

Signature of Parent/Caregiver: _____

Name: _____

Parent/Caregiver Phone Details: _____

Date: _____

FAMILY PASSENGERS

Please list below any family member who may be travelling to school with this student.

The law DOES NOT PERMIT a 'restricted licence holder' to carry passengers.

Student Name: _____

Year Level: _____

Student Name: _____

Year Level: _____

NO OTHER PASSENGERS may travel with this student unless a specific request is made to the school by both parties. (Driver and Passenger)

Office Use Only

Computer entry completed: ☐

Date: _____

