



Student Drivers & Passengers Registration Form

(Please ensure that you study and agree with the information attached before completing this form.)

A. STUDENT DRIVER:

Name: Age:..... Caregroup:

Address:

Telephone Number: Licence Number:

Authenticated: (Deputy)

Make of Vehicle:

Colour: Registration Number:

Student signature: Parent signature:

B. SIBLING PASSENGERS:

1. Name: Caregroup:

2. Name: Caregroup:

3. Name: Caregroup:

4. Name: Caregroup:

Parent signature: Date: / /

C. NON-SIBLING PASSENGERS:

1. Name: Caregroup:

Parent signature: Date: / /

Deputy: Date: / /