



WYNDHAM COLLEGE

"Working Together to Widen Horizons"

Nirimba Education Precinct
Eastern Road
QUAKERS HILL NSW 2763
Phone: 9208 7100
Fax: 9208 7199

Email: wyndhamcol-h.school@det.nsw.edu.au
CRICOS Provider Name: NSW Department of Education
CRICOS Provider Code: 00588m

Permission to Drive

Student name: _____

Vehicle Registration No: _____

Make of Vehicle: _____ Type: _____ Colour: _____

Permission / Agreement Section

PARENT

1. I _____ give permission for my child to drive to and from
(Please Print)
the College and utilise designated student parking areas.

Signed: _____
(Parent Signature)

Date: _____

2. I _____ give permission for my child _____ to be a
(Please Print)
Passenger in the vehicle of _____ who will be driving to and from
the College and utilising designated student parking areas.

Signed: _____
(Parent Signature)

Date: _____

STUDENT

I _____ agree to adhere to the driver guidelines of the
College/Precinct and am aware if I break these provisions, I will consequently lose this privilege.

Signed: _____
(Student Signature)

Date: _____