SCHOOL EXCURSION PRIVATE VEHICLE DRIVER'S REPORT

*** You only need to fill this form in if you are transporting children other than your own***

The following information is required to ensure an appropriate Duty of Care is exercised in the transportation of students and in case of mishap.

Name of Driver:								
Excursion Details:								
Date(s) of Excursion:				Duration of Excursion:				
Time of departure from school:	Time a	rrival at Excursion location:	Time of departure from location:			Time of return to School:		
Destination (Excursion Location):								
Driver must hold a current valid Australian Drivers Licence								
Drivers Licence Number:			Drivers Licence Expiry Date:					
Vehicle must be roadworthy and appropriately licensed								
Vehicle Registration Number:			Vehicle Licensed To Month/Year:					
Vehicle Make / Type:	No. of Passengers Vehicle is Licensed To Carry*:							
Is the Vehicle covered by a comprehensive insurance policy?								
Insurance Company:		Policy Number:			Exp	oiry Date <u>:</u>	1	<u></u>
Names of Students being transported in your vehicle* (Any seven of the students listed at any time during the excursion)								
Name of Student	ame of Student Name of Stu		dent		N	ame of Stu	dent	
							8	
Signature of Driver			×			Date	1	1