



**SCHOOL EXCURSION
PRIVATE VEHICLE DRIVER'S REPORT**

Department of Education WA

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

Anzac Terrace Primary School			
Name of Driver: _____			
Time of departure from school: _____	Time of arrival at location: _____	Time of departure: _____	Time of return to school: _____
Destination (excursion location): _____			
Driver must hold a current valid Australian Driver's Licence Number: _____			Driver's Licence Expiry Date: ___/___/___
Vehicle must be roadworthy and appropriately licensed			
Vehicle Registration No: _____	Vehicle licensed to Month/Year: ___/___	No of passengers vehicle is licensed to carry: _____	
Vehicle make/type: _____			
Is the vehicle covered by a comprehensive insurance policy? NO <input type="checkbox"/> YES <input type="checkbox"/>			
Insurance Company: _____	Policy No: _____	Expiry date: ___/___/___	
Names of students being transported in your vehicle:			
Name of Student	Name of Student	Name of Student	
Signature of driver: _____			
			Date: ___/___/___