Student Driving Policy

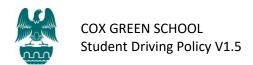
This policy was approved and ratified by Cox Green School

Leadership Team on 19/11/24

Version	Authorisation	Approval Date	Effective Date	Next Review
1	Full Governing Body	15/10/13	15/10/13	June 2014
1.1	Full Governing Body	20/10/14	20/10/14	June 2016
1.2	Senior Leadership Team	June 2016	June 2016	June 2019
1.3	Senior Leadership Team	Oct 2018	Oct 2018	Oct 2021
1.4	Senior Leadership Team	Sept 2021	Sept 2021	Sept 24
1.5	Senior Leadership Team	19/11/24	19/11/24	Nov 24

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Berkshire, SL6 3AX.



	Cox Green Sch	nool Student Pa	arking Log
Student name:			
Tutor Group:			
Vehicle Make:			
Colour:			
Registration Number	·		
Please be aware that drive/asked to drive by			Cox Green School, e.g. be employed to
I confirm tl	nat I have shown my dr	iving licence to a m	nember of staff. (PLEASE TICK)
insurers have	e confirmed I have thox as appropriate)	ne proper insuran	g activities to my insurers and the ice to cover all of the above.
l am insure	d to drive myself to an	d from school;	
I am insure	d to transport passeng	ers (such as friends	s and family) to and from school;
schools in t	the consortium to unde	ertake lessons	ool study time to and from others
of school ti	me;		e to a sports fixture/activity in and out
I am insure privately a	· ·	erience placements	s or any other similar event that are
Student signature:			Date:
Parent signature:			Date:
Comple	ete this form and hand	to the Sixth Form N	Mentor for school records
Official use only: Licence checked Y/N	Declaration complete Y/N	Staff Name	Date

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