



# Student Driving Policy

This policy was approved and ratified by Cox Green School

Leadership Team on 15<sup>th</sup> September 2021

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	Cox Green School	June 2016	June 2016	June 2019
1.3	Cox Green School	Oct 2018	Oct 2018	Oct 2021
1.4	Cox Green School	Sept 21	Sept 21	Sept 24



### Cox Green School Student Parking Log

Student name: \_\_\_\_\_

Tutor Group: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_

Colour: \_\_\_\_\_

Registration Number: \_\_\_\_\_

**Please be aware that you are unable to drive on behalf of Cox Green School, e.g. be employed to drive/asked to drive by Cox Green staff member.**

	I confirm that I have shown my driving licence to a member of staff. (PLEASE TICK)
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**I confirm that I am properly insured to drive a vehicle under the specific circumstances listed below and**

**I confirm that I have disclosed all the above driving activities to my insurers and the insurers have confirmed I have the proper insurance to cover all of the above.**

**(please tick each box as appropriate)**

	I am insured to drive myself to and from school;
	I am insured to transport passengers (such as friends and family) to and from school;
	I am insured to drive and take passengers during school study time to and from others schools in the consortium to undertake lessons
	I am insured to drive my vehicle from school or home to a sports fixture/activity in and out of school time;
	I am insured to drive to work experience placements or any other similar event that are privately arranged.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete this form and hand to the sixth form mentor for school records

**Official use only:**

Licence checked Y/N      Declaration complete Y/N      Staff Name \_\_\_\_\_ Name Date \_\_\_\_\_