Student Driving Policy

This policy was approved and ratified by Cox Green School

Leadership Team on 15th 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 |

Ratified: Sept 21 Review: Sept 24 Page 1 of 2 Cox Green School: A company limited by guarantee; Registered in England, Company Number 07831255, Highfield Lane, Maidenhead, Berkshire, SL6 3AX.

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) 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 ___ __ Date_

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