



Falls Creek Public School

26 Vidler St

Falls Creek 2540

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TRAVEL BY PRIVATE VEHICLE FORM

Date of Excursion .....

Venue.....

Name of Driver.....

Drivers Licence Number.....

Registration Number .....

Registration Expiry Date.....

CTP GREEN SLIP & COMPREHENSIVE INSURANCE POLICIES

Company Name ..... Policy Number.....

Company Name..... Policy Number.....

*I declare that my motor vehicle as detailed above is covered by a green slip and comprehensive insurance policy.*

*I understand that the Department of Education and Training will accept no liability for any damage to vehicles, including reimbursement for any excess applied by the drivers'/owner's insurance company.*

Signature of Driver ..... Date.....

Print Name.....

Policy/ Licence Sighted .....Date.....

(Principals / SAM Signature)

Please list the students accompanying you in the car.

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