Transport of Children

Name of Driver:________________________________________________

Details of Vehicle:
  Make:________________________________________________________
  Model:_______________________________________________________
  Year of Manufacture:_________________________________________
  Registration Number:_________________________________________

Declaration by Driver:

1. I declare that my motor vehicle as detailed above is registered with
   compulsory third party insurance.

2. I declare that my driver’s licence is valid and I am not disqualified from
   driving a motor vehicle.

_____________________________  ________________________
Signature of Driver                     Date

Please take your current registration papers and drivers licence to the office with
this declaration.
Thank you.

OFFICE USE ONLY:

Registration __________________________  ______________________
   Valid until __________________________  Signature to verify original sighted by Principal / delegate

Drivers Licence ________________________  ______________________
   Valid until __________________________  Signature to verify original sighted by Principal / delegate