

This form is to be completed by drivers of all vehicles used to transport students to official school activities and must be renewed each school year. The original will be filed in the school office.

_____ Parent Student SD63 Employee Other
 Driver Last Name Driver First Name

If you checked Parent please provide name of your son/daughter _____

 Address including Postal Code

 Driver's Phone Numbers (List all)

Adult Drivers must have a valid Criminal Record Check on file with the School District.

DRIVER'S DECLARATION

ALL DRIVERS:

- I have attached a copy of my BC Driver's License.
- I have attached a copy of my Driver's Abstract.
- I have attached a copy of the vehicle registration and insurance documents for all vehicles used to transport students.
- The registered owner of the vehicle has given me permission to drive the vehicle for this purpose.
- The vehicle is insured for a MINIMUM of \$1,000,000 Third Party Legal Liability.
- If the vehicle is equipped with an airbag on the passenger side, then **no student under 13** will travel in the front seat.
- I will ensure that a booster seat secured with a shoulder harness will be used when transporting students over 18kg (40 lbs) until their 9th birthday or they reach 145 cm (4'9") tall, whichever comes first. If a shoulder harness is not available students will be secured with a lap belt only (no booster).
- I will act in accordance with the BC Motor Vehicle Act in every way, including use of seat belts, safe operation of a vehicle, and adherence to the posted speed limits.

I hereby certify that the information given in this application and the documentation attached is correct, complete, and true in every respect. **Further, I agree to inform the school administrator of any changes to the information contained in this application during the school year and to provide documentation for any additional vehicles to be used prior to transporting students.**

Driver's signature: _____ Date: _____

ADDITIONAL FOR STUDENT DRIVERS:

- I will drive within the Capital Regional District ONLY.

PARENT STATEMENT: I approve of my son/daughter transporting students in his/her/my vehicle:

Parent signature: _____ Date: _____

For Office Use:

| | |
|-------------------------------------|----------------------------|
| Insurance and Registration attached | Driver's Abstract attached |
| Driver's License attached | CRC on file |

PRINCIPAL'S DECLARATION

I have reviewed this information and the attached documentation and I:

Authorize **OR** **DO NOT Authorize this applicant**

Principal's Signature: _____ Date: _____