

School:			
	First Name:		☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss
Address:			MITS. WISS
Home Phone #:	Work Phone #:	Fax #: _	
E-mail Address:			
Vehicle:	Year: Make:	License	e #:
Registered Owner (if diff	erent than above):		
Amount of Insurance Lia	bility (minimum \$1 million)*:	Number of	Seatbelts:
* Under the Ministry of E	Education's self insurance program, district employees on school-approved activities.		
	aby School Board Policy #3-05 ( <i>Transportation</i> wing conditions are met.	of Students), it is the	responsibility of the
A) All passengers r B.C. Motor Vehi	nust wear seat belts, approved booster seats or cle Act (revised 2007) and Policy 3-05.	child restraint seats	as required by the
	school-aged child is permitted to sit in the front p		
	st be in safe operating condition.		
<ul><li>D) The vehicle mus or insurance res</li></ul>	st be operated in a safe, legal manner, and oper strictions.	rated consistently with	th any driver, licens
E) There will be no	smoking in the vehicle.		•
•	wly-licensed, must conform with any applicable		
<ul><li>G) The driver agree while operating</li></ul>	es not to use any wireless communication (eg: on the vehicle.	cell phones, blackbe	rries, bluetooths)
Failure to comply with an	ny of the above conditions may result in the Volu	nteer Driver Authoriza	ation being revoked.
license is in good stand	ledge, the vehicle identified above is in safe, roa ling. I have read and accept the above condition notifying the school of any changes in the above	ns regarding driving :	
Driver's Signature:		Date:	
Driver's License #:			
	ature (if driver is under the age of 19):		
I hereby give permissio to and from school-app	n for the above-named driver to use my vehicle roved activities.	for the purpose of t	ransporting student
Registered Owner's Sig	gnature:	Date:	
	pest of my knowledge, that the above information of the conditions outlined.	n is accurate, and th	at the driver
Principal's Signature: _		Date:	·
•	nding June 30,		