

School	:					
Surnan	ne:	First	Name:			
Addres	s:				☐ Mrs. ☐ Miss	
Home Phone #:		Work Phone #:		Fax #:		
E-mail	Address:					
Vehicle:		Year:	_ Make:	License	#:	
Registered Owner (if different than above):						
Amount of Insurance Liability (minimum \$1 million)*: Num				Number of Se	eatbelts:	
* Under the Ministry of Education's self insurance program, district employees and volunteer drivers have supplemental liability coverage while on school-approved activities.						
In accordance with Burnaby School Board Policy #3-05 ( <i>Transportation of Students</i> ), it is the responsibility of the driver to ensure the following conditions are met.						
A)	All passengers must wear seat belts, approved booster seats or child restraint seats as required by the B.C. Motor Vehicle Act (revised 2007) and Policy 3-05.					
B)	No elementary school-aged child is permitted to sit in the front passenger seat of a vehicle equipped with an air bag.					
C)	C) The vehicle must be in safe operating condition.					
<ul> <li>The vehicle must be operated in a safe, legal manner, and operated consistently with any driver, license or insurance restrictions.</li> </ul>						
E)	E) There will be no smoking in the vehicle.					
,	F) The driver, if newly-licensed, must conform with any applicable restrictions.					
G)	The driver agrees not to use a while operating the vehicle.	any wireless cor	nmunication (eg: cell ph	nones, blackberrie	es, bluetooths)	
Failure to comply with any of the above conditions may result in the Volunteer Driver Authorization being revoked.						
To the best of my knowledge, the vehicle identified above is in safe, roadworthy condition and my driver's license is in good standing. I have read and accept the above conditions regarding driving students. I also accept responsibility for notifying the school of any changes in the above information.						
Driver's	s Signature:			Date:		
Driver's	s License #:			_		
Parent / Guardian Signature (if driver is under the age of 19):						
I hereby give permission for the above-named driver to use my vehicle for the purpose of transporting students to and from school-approved activities.						
Registered Owner's Signature: Date: _				Date:		
I hereby attest, to the best of my knowledge, that the above information is accurate, and that the driver understands and accepts the conditions outlined.						
Principal's Signature: Date: _				Date:		
Valid for school year ending June 30						