

## **Driver Information Form**

This form must be completed each school year for each driver who may be transporting students in a private vehicle and is to be returned to the school office.

Driver's Full Name:			
Driver's Telephone Number:			
Driver's Address:			
I have a valid Class	Driver's License No	(copy attach	ed).
My Driver's Abstract dated		is attac	ched.
I certify that I have had no mov	ing violations, no impaired driving charges, a	and no criminal charges related to a motor vehicle in th	ie
My vehicle make, model and ye	ar is		
My vehicle license number is			
The vehicle has \$		Third Party Liability Insurance.	
(A minimum \$10,000,000 is req	uired for any vehicle with the capacity to car	rry more than ten (10) people, including the driver.)	
The vehicle has	operating seat belts.		
not permit a child under 13 yea agree to ensure that passengers who weigh at least 18 kg (40 lb secured in a booster seat while	rs of age to occupy the front passenger seat s under 18 kg (40 lbs) will be properly secure s) and who are less than 9 years of age or a	t belt properly secured when travelling. I agree that I wit of a vehicle equipped with a passenger seat air bag. I red in a child safety seat. I agree to ensure that passenger less than 145 cm (4 feet, 9 inches) tall, are properly a safe and legal manner. I will complete a consent form of).	gers
Driver's Signature:		Date:	

\* Driver's Abstracts may be obtained by the driver either at the Government Access Centre or by phoning 1-800-950-1498 from 8:00 a.m. to 7:00 p.m. weekdays and from 9:00 a.m. to 12:00 p.m. on Saturdays. The volunteer can have the abstract faxed directly to the school by using the telephone request line. You can also request your Driver's Abstract online at <a href="https://www.icbc.com">www.icbc.com</a>, under the heading "Driver Licensing and ID", choose "Get my driving record".