



**Frost Road Elementary School  
ANNUAL DRIVER REGISTRATION**

(To be completed annually by employees and volunteers transporting students.)

**Student's Name** (please print) \_\_\_\_\_ **Div.** \_\_\_ **Grade** \_\_\_

Driver Name:			
Address:			
Contact #:	Home:	Cell:	
<b>*Please ensure the information in the section below is verified by a school staff member</b>			
BC Driver's License #:			Staff Initial: _____
BC Vehicle License Plate #:			Staff Initial: _____
Insurance Documents:	(please show to staff for verification of license plate)		
	Staff Initial: _____		
Driver is:	Parent <input type="checkbox"/>	Staff <input type="checkbox"/>	Student <input type="checkbox"/> Other:
Vehicle Owner:	Driver <input type="checkbox"/>	Other:	
Vehicle Owner Address:	As Above <input type="checkbox"/>	Other:	
Vehicle Make/Model/Year:			
Max. # of Passengers:	(excluding the driver)		

DRIVER'S STATEMENT: I agree to:

- Keep the safety of students as the highest priority;
- Follow instructions by the Educator-in-Charge of the field study;
- Provide a safe, roadworthy vehicle licensed in British Columbia;
- Operate the vehicle in a safe manner and as required by law;
- Maintain a zero alcohol and cannabis blood level while transporting students;
- Provide a non-smoking, non-vaping environment while transporting students;
- Refrain from using a cellular device while transporting students.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

I AUTHORIZE MY SON/DAUGHTER \_\_\_\_\_, TO BE A STUDENT VOLUNTEER DRIVER.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

PRINCIPAL OR DESIGNATE'S APPROVAL:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

\*Note: In the event of a motor vehicle accident, insurance claims are satisfied pursuant to the terms of the insurance coverage carried on the vehicle involved. The School District's insurer provides excess Third Party Liability coverage above the vehicles' insurances for individuals driving their own vehicle for school district business