



Student Name: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 Student Name: \_\_\_\_\_  
 Division: \_\_\_\_\_

## Rosemary Heights Elementary School ANNUAL DRIVER REGISTRATION

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

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 #:			
BC Vehicle License Plate #:			
Insurance Documents:	(please show to staff for verification of license plate)		
Driver is:	Parent <input type="checkbox"/>	Staff <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)		
<i>My vehicle has _____ seats that meet the criteria for safe placement of booster seats.</i>			

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 blood alcohol level while transporting students;
- Provide a non-smoking environment while transporting students;
- Refrain from using a cellular device while transporting students;
- Ensure students age 12 or under do not occupy front seats equipped with active air bags;
- Verify the use of passenger restraint systems/seat belts for all occupants.

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

\_\_\_\_\_  
 Date

PRINCIPAL OR DESIGNATE'S APPROVAL:

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Position

\_\_\_\_\_  
 Date

\*Note: The School District's insurer provides excess Third Party Liability coverage for individuals driving their own vehicle for school district business