Cloverdale Traditional School



ANNUAL VOLUNTEER DRIVER REGISTRATION

Driver Name: _____Student Name(s): _____

Address:		
City:	Province:	Postal Code:
Telephone:	Cell:	
*Please ensure the information in	the section below is verif	fied by a school staff member
BC Driver License #:	Expiry:	Staff Initials:
BC Vehicle License Plate #		Staff Initials:
Insurance Expiration Date:		Staff Initials:
Driver is: ☐ Parent ☐ Staff ☐	Other (describe)	
Vehicle Owner: Driver, or Othe	er:	
Owner Address: as above, or:		
Vehicle Make/Model/Year:		
Maximum Number of Passengers,	excluding driver:	(Maximum 2 for N Drivers)
My vehicle hasplaces/seats	that meet the criteria for safe	placement of booster seats.
DRIVER'S STATEMENT: I agree	to:	
 Keep the safety of students Follow instructions of the E Provide a safe, roadworthy Operate the vehicle in a safe Maintain a zero blood alcoh Provide a non-smoking env Refrain from using a cell ph Ensure students age 12 or u Verify the use of passenger 	Educator-in-Charge of the fivehicle licenced in British e manner and as required by not level while transporting ironment while transporting none while driving. Indeed on too coupy front seemed.	Columbia. y law. students. g students. eats equipped with active air bags.
Driver's Signature PRINCIPAL OR DESIGNATE'S	APPROVAL:	Date
Signature	Position	Date