

## VOLUNTEER DRIVER REGISTRATION

Elementary School

Driver Name:				
Address:				
Telephone:	Home:		Cell:	
BC Drivers Licence #:				
Driver is: Parent	☐ Staff ☐ Ot	her (describe)	3)	
Owner Address: a	s above, or:			
			Model Year:	
<ul> <li>Verify the use of p</li> </ul>	s students as the high solutions by the Educator- adworthy vehicle live in a safe manner ood alcohol level with the same of th	in-Charge of icenced in Briand as require while transport while transport edriving. The coccupy from the coccup from the coccupy from the coccup from the coccupy from the coccu	f the field study. ritish Columbia. ired by law. orting students.	
Driver's Signature PRINCIPAL OR DESIG	Da		Staff Witness	
Signature	Po	sition	Date	

Form 11150.7 Approved: 2006-04-12; Revised: 2008-09-22 - Reference Policy 10313, Regulation 10313.1