

Student Name:		

ANNUAL VOLUNTEER DRIVER REGISTRATION WOODLAND PARK ELEMENTARY SCHOOL

Driver Name:					
Address:					
Contact #:	Home:		Cell:		
*Please ensure the information i	n the section be	elow is veri	fied by a sch		
BC Driver's License #:				Staff Initials:	
BC Vehicle License Plate #:				Staff Initials:	
Insurance Documents:	(please show to staff for verification of license plate) Staff Initials:				
Driver is:	Parent	Staff	Other:		
Vehicle Owner:	Driver	Other:			
Vehicle Owner Address:	As Above	Other:			
Vehicle Make/Model/Year:					
Max. # of Passengers:				(excluding the drive	
My vehicle has seats	that meet the cr	iteria for są	fe placement	of booster seats.	
 Keep the safety of students as Follow instructions by the Ed Provide a safe, roadworthy volume Operate the vehicle in a safe Maintain a zero blood alcoho Provide a non-smoking envir Refrain from using a cellular Ensure students age 12 or und Verify the use of passenger re 	ducator-in-Chargehicle licensed in manner and as real level while traconment while traced device while traced der do not occup	ge of the field in British Control of the equired by I insporting stansporting stan	olumbia; aw; udents; students; tudents; s equipped w	O 1	
Driver's Signature PRINCIPAL OR DESIGNATE'S A	APPROVAL:			Date	
Signature		Position		Date	