

## ANNUAL VOLUNTEER DRIVER REGISTRATION Sullivan Elementary School

Driver's Name:		Child's Name:	
Address of Driver:			
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 Initials:	_____
BC Vehicle License Plate #:		Staff Initials:	_____
Insurance Documents:	(please show to staff for verification of license plate)	Staff Initials:	_____
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)		
<p><i>My vehicle has _____ seats that meet the criteria for safe placement of booster seats.</i></p> <p><b>Booster seats are for children over 18 kg (40 lbs) until they are 9 years old unless they have reached the height of 145 cm (4'9" tall). No children allowed in front seats.</b></p>			

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