



AP 5 – 06 Exhibit I – Driver Registration

Exhibit I

DRIVER REGISTRATION

School: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Alberta Driver's Licence Number.: \_\_\_\_\_ Class: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

1. Has your driver's licence been suspended, or have you been convicted of any criminal offence under the *Traffic Safety Act* during the last three years?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Name of company you are insured with:

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Agent: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

3. Are you endorsed by your insurance company to carry passengers?

4. Copy of Criminal Record Check

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Copy of Child Intervention Check

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I agree to abide by the requirements of all provincial and other statutes and regulations governing the operation of motor vehicles and the traffic by-laws of any municipality while acting as a volunteer driver for school functions. I undertake to report to the principal all accidents or suspension of license which occurs after the date of this authorization and during the period it remains in force.

\_\_\_\_\_  
Signature of Volunteer Driver

\_\_\_\_\_  
Date

OFFICE USE ONLY – Attachment

\_\_\_\_\_  
Certificate of Insurance, indicating \$2,000,000 Third Party Auto Liability

*\*Note – It is recommended that each private vehicle carry \$2,000,000 Third Party Auto Liability*

**CHINOOKS EDGE SCHOOL DIVISION NO. 73**

**PART A** Thank you for agreeing to transport students for **Delburne Centralized School** activities in your private vehicle.

*Any driver that transports students for school activities in a private vehicle must have minimum of \$1 000,000 (but preferably \$2 000,000) liability insurance. Please fill out and sign the following insurance declaration only if you have the minimum liability insurance as stated above.*

Name of Parent(s)	Insurance Company	Insurance Policy No.	Expiry Date (day, month, year)	Parent(s) Signature

Alberta Drivers License No. \_\_\_\_\_ Class \_\_\_\_\_ Exp Date \_\_\_\_\_  
 Has your driver's license been suspended, or have you been convicted of any criminal offense under the Highway Traffic Act during the last three years? Yes \_\_\_\_\_ No \_\_\_\_\_

**PART B** I, as parent of \_\_\_\_\_, give my permission for my son or daughter to be transported in the private vehicles of the following parents: (Please list first and last names.)


Parent Signature \_\_\_\_\_

\_\_\_\_\_  
Principal or Designate

\_\_\_\_\_  
Date

This form, when approved, shall be kept on file at the school.