



## Driver Authorization – Student Transportation in Private Vehicles

F 7-120

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

Driver's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Class \_\_\_\_\_ Date of Birth\*: D M Y  
(\*only required for driver's abstract)

Name of Insurance Company: \_\_\_\_\_

Insurance Policy No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

- I have notified my insurance company of the additional risk to be undertaken for Pembina Hills School Division (PHSD).	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Amount of insurance coverage against liability resulting from bodily injury to, or the death of, one or more persons and loss of, or damage to, property: \$_____. (minimum \$2,000,000)	
- A copy of my insurance policy is herewith provided. <i>Any changes to driver's license status, or insurance coverage must be submitted immediately.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
- My private vehicle is equipped with a Canadian Standards Association approved child seating assembly or seat belt assembly suitable for each child who will be a passenger in my vehicle with respect to each child and their age, weight, and height.	<input type="checkbox"/> Yes <input type="checkbox"/> No
- My private vehicle is equipped with a Canadian Standards Association approved seat belt assembly suitable for each adult who will be a passenger in my vehicle.	<input type="checkbox"/> Yes <input type="checkbox"/> No
- My driver's license has been suspended, or I have been convicted of any offence under the Highway Traffic Act during the last three (3) years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
- I agree to release my driver's abstract to PHSD.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I, \_\_\_\_\_, hereby confirm that the information contained in this form and any attachments hereto, is truthful in all respects and that I have not in any way misrepresented or failed to provide any information reasonably pertinent to the Division's decision regarding the transportation of students, staff, and/or volunteers in my private vehicle.

\_\_\_\_\_  
Name of driver (print) Signature Date Signed

\_\_\_\_\_  
Name of vehicle owner (print) Signature Date Signed

\_\_\_\_\_  
School principal (print) Signature Date Signed