

## TRANSPORTATION IN PRIVATE VEHICLES (FIELD & EXTRACURRICULAR TRIPS)

AUTOMOBILE AUTHORIZATION FORM

**NOTE: Approval will only be given to applicants with 4 or fewer demerits on their licence.**

School \_\_\_\_\_

Driver's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Operator's Licence No. \_\_\_\_\_ Class \_\_\_\_\_ Birthdate: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_  
(required to obtain Driver Abstract)

Insurance Company Name \_\_\_\_\_

Insurance Policy No. \_\_\_\_\_ Expiry Date (M/D/Y) \_\_\_\_\_

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

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: \$ \_\_\_\_\_ (proof attached).

✓ check

I have notified my insurance company of the additional risk to be undertaken for Battle River School Division. (check box to indicate full disclosure has been made to your insurer)

The Driver's Abstract will be obtained through the Division's Transportation Department. Parents who supply their own abstract will not be reimbursed for the costs of obtaining the document. (check box to indicate your willingness to release the Driver Abstract to Division personnel.)

My private vehicle is equipped with a Canadian Standards Association (CSA) approved child restraint 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.

My private vehicle is equipped with a Canadian Standards Association (CSA) approved seat belt assembly suitable for each adult who will be a passenger in my vehicle.

I, \_\_\_\_\_ (Driver's Name), 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.

Signature of Driver \_\_\_\_\_ Date Signed (M/D/Y) \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date Signed (M/D/Y) \_\_\_\_\_

School Administrator Authorization \_\_\_\_\_ Date Signed (M/D/Y) \_\_\_\_\_

All personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*. It will be used in the administration of student transportation policies, including eligibility to transport students in private vehicles. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, please contact the FOIP Coordinator at 780-672-6131.