



Driver Information Form

Administrative Procedure 7.40A

7.0 Transportation and Vehicles

School:	
Date form was filled in:	
Driver Name: <i>(print)</i>	
Address:	
Home Phone:	
Cell Phone:	
Driver's License Number:	**ATTACH COPY OF LICENSE**
Class:	
Vehicle Make / Model/ Year:	
License Plate Number:	**ATTACH COPY OF REGISTRATION**
Number of Passengers possible:	

I agree to the following:

1. That I am in possession of a valid driver's license for the class of vehicle I will use for transporting students;
2. That I have not been convicted of an offence under the *Highway Traffic Act* nor a motor vehicle-related offence under the *Criminal Code of Canada* during the last three (3) years; or if I have, I have fully disclosed the details of such to the Principal;
3. That I was not found responsible/partly responsible for any motor vehicle accident(s) in the last year;
4. That I will operate the automobile referred to herein in a safe manner;
5. That I will abide by all applicable laws at all times while I am transporting students;
6. That I will use a licensed automobile that is properly registered and insured as "All Purpose" with a minimum Third-Party Liability insurance of two million dollars;
7. That the vehicle I will use will be mechanically fit and that there are seat belts in working condition for all passengers;
8. That I will comply with Manitoba's smoking laws;
9. That I will comply with safety regulations around seat belts, air bags, booster seats, etc.;
10. That I understand any damage to my vehicle is my responsibility and not that of Evergreen School Division;

11. That additional automobile liability insurance protection is provided under the school board's comprehensive general liability insurance policy. This insurance is only for an amount in excess of the limit of liability provided by the vehicle owner's liability insurance policy;
12. That I have completed a VOLUNTEER CHECK (Criminal Record Check and Child Abuse Registry Check);
13. That I will *promptly* report to the school principal all accidents where I was found responsible/partly responsible, any suspension of my license and any change in my insurance status, which may occur *after* the date of this authorization but while it remains in force.

Driver Signature:	
Date:	
OFFICE USE ONLY:	
Principal Signature:	
This form is valid for the current school year only and will be kept on file for that time period.	