

## Driver authorization – Student transportation in private vehicles 7-120A

School:				
Driver's Name:		Phone No:		
Address:				
Town:	Postal Code:			
Driver's License No	Class		M nly required for di	Y river's abstract)
Name of Insurance Company:				
Insurance Policy No: Expiry Date:				
Insurance Agent:				
- I have notified my insurance co Hills Public Schools (PHPS).	mpany of the addition	onal risk to be underta	ken for Pembin	a
- Amount of insurance coverage a more persons and loss of, or da				
- A copy of my insurance policy is herewith provided. Any changes to driver's license status, or insurance coverage must be submitted immediately.				☐ Yes ☐ No
My private vehicle is equipped vehicle seating assembly or seat belt as my vehicle with respect to each	ssembly suitable for	each child who will be		☐ Yes ☐ 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.				t Yes
- 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.				☐ Yes ☐ No
- I agree to release my driver's abstract to PHPS.				☐ Yes ☐ No
I,	e any information re	asonably pertinent to the	and that I have i he Division's de	not in any way
Name of driver (print)	Signature		Date Signed	
Name of vehicle owner (print)	Signature		Date Signed	
School principal (print)	Signature		Date Signed	