

**LAKESHORE SCHOOL DIVISION
DRIVER INFORMATION FORM**

School:

Date form was filled in:

Driver Name: *(print)*

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 and acknowledge 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 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 Lakeshore School Division;

11. That by transporting students, there is additional liability placed upon me and that I am solely responsible for student safety and well-being while they are under my care. I understand that Lakeshore School Division's insurance coverage may not extend to me and I may be held personally liable for any damages or charges that occur.
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.
14. That I will follow all Provincial and Divisional guidelines in regards to communicable diseases such as influenza, and COVID-19.

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.