

STUDENT TRANSPORTATION IN PRIVATE VEHICLES

AUTOMOBILE AUTHORIZATION FORM

SCHOOL _____

Driver's Name: _____ Phone No. _____

Address: _____

_____ Postal Code _____

Driver's License No. _____ Class _____ Date of Birth D _____ M _____ Y _____
(needed to obtain 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 Battle River School Division #31. (Check box to indicate full disclosure has been made to your insurer.)

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: \$ _____.

The driver's abstract will be obtained through the Battle River School Division 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 School Division personnel.)

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.

_____ 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.

_____ Yes _____ 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.

Signature of Driver

Date Signed

Signature of Owner

Date Signed

Principal Authorization

Date Signed

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 Deputy Superintendent of Schools at 780.672.6131.

DRIVER LETTER OF UNDERSTANDING

This is to acknowledge that I have been advised of the following with respect to transportation of pupil(s) in my private vehicle.

- Proof of Insurance must be filed with the Director of Transportation. Such insurance must include at least \$1,000,000 of liability coverage. The insurer must be advised that a student will be transported.
- A photocopy of a valid driver's license must be filed with the Director of Transportation.
- A current driver's abstract must be filed with the Director of Transportation annually.
- Students riding in private vehicles must be belted in with a seat belt at all times. If a student is under 18 kg and under the age of 6 years, such child must be transported using a properly installed child restraint seat.
- No student under the age of 12 years shall be transported in the front seat of a vehicle equipped with airbags.
- Reimbursement for mileage will be in accordance with Battle River Regional School Board policy.

Driver's Signature

Witness

Date



Driver Abstract Consent

A "driver abstract" is the product name under which the Alberta Government releases specific information from a person's driving record, which contains:

- Name
- Height
- Class
- Licence Number
- Expiration Date
- Address
- Weight
- Issue Date
- Current Demerit Points
- Reinstatement conditions (if any)
- Date of Birth
- Sex
- MVID Number
- Suspended Status
- List of violations (Descriptions, Demerit / Merit Points and Suspension Term)

PART 1

I, _____ of _____
Name Address

declare that my Driver's Licence Number is: _____, my Date of Birth is: _____
month by name, day, year

and I give consent for my 3 Year 5 Year or 10 Year driver abstract to be released, for a period of one year from the date this form is signed, to:

_____ of _____
Battle River Regional Division #31 5402 - 48A Avenue, Camrose, Alberta T4V 0L3
Name of the Person / Organization Receiving the Driver Abstract Address

In accordance with the Alberta Motor Vehicle Information Regulation (AMVIR), choose one of the following subsections:

5(1)(a) Driver abstract released to a person known by myself

I acknowledge that the above person is personally known to me, is not acting as an agent or employee of any other person in this transaction, and is not compensated in any manner for receiving or transferring the driver abstract to myself.

NOTE: This cannot be faxed.

5(1)(b)(iii) Driver abstract released to my employer or prospective employer

NOTE: This can be faxed.

5(1)(b)(v) Driver abstract released to a lawyer representing me

NOTE: This can be faxed.

I agree that in no event will the Province of Alberta or its Registry Agents be liable for any damages or losses, however caused, in respect to any defect, error or omission in the driver abstract, or use of the driver abstract by the person receiving it.

Signature Date

PART 2 - Declaration for Faxing (This does not apply to subsection 5(1)(a) above)

I / We, _____ of _____
Battle River Regional Division #31 5402 - 48A Avenue, Camrose, Alberta T4V 0L3
Name of Employer or Lawyer Address

request the driver abstract, as mentioned above, to be faxed to _____
780 672-6137
Area Code Fax Number

I / We agree that in no event will the Province of Alberta or its Registry Agents be liable for the driver abstract after it has been faxed to the above number.

Signature of Employer or Lawyer Date

This information is being collected for the purposes of Motor Vehicle records in accordance with the Traffic Safety Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for the Alberta Government, Box 3140, Edmonton, Alberta T5J 2G7, (780) 427-7013.