St. Michael's School

9387 Holmes Street, Burnaby, BC V3N 4C3
Telephone (604) 526-9768 Fax (604) 540-9799
Website: www.stmichaelschool.ca

This form is required if any member of your family will assist the school in driving the students to sports events and other activities during the school year. Therefore, only drivers and vehicles that may be used for this purpose need to be indicated on this form.

VEHICLE/DRIVER CERTIFICATION OF INSURANCE 2015-2016

FAMILY NAME: _____ OLDEST CHILD IN OUR SCHOOL _____

PLEASE COMPLETE THE INFORMATION AS SHOWN ON THE CERTIFICATE OF INSURANCE				
VEHICLE #1			VEHICLE #2	
Owner			Owner	
Address			Address	
Registration No.			Registration No.	
Plate No.			Plate No.	
Make			Make	
Model			Model	
Colour			Colour	
# of Seats	Excluding Airbags		# of Seats	Excluding Airbags
Third Party Legal Liability	See 'Premiums & Fees'		Third Party Legal Liability	See 'Premiums & Fees'

DRIVER INFORMATION CLASS 7 ('N' DRIVERS) ARE NOT ALLOWED TO DRIVE STUDENTS ON SCHOOL SPONSORED EVENTS		
FULL NAME (PRINT CLEARLY)	CELL PHONE	DRIVER'S LICENCE NO.
1.		
2.		
3.		

PLEASE READ AND SIGN

- *I/we acknowledge that my vehicle insurance information and driving record are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.*
- *To the best of my/our knowledge, the vehicle(s) identified above is/are in safe, roadworthy condition and my/our driver's license is in good standing.*
- *I/we have at least one-year driving experience and are not Class 7 ('N') drivers.*
- *I/we accept the responsibility for notifying the school of any changes in the above information.*

Driver/s' Signature/s *1.* _____ *Date* _____

2. _____ *Date* _____

3. _____ *Date* _____

Please sign in the same order as listed in the Driver's Information above.