

SCHOOL DISTRICT No. 53 (Okanagan Similkameen) Box 1770, 6161 Okanagan Street, Oliver, BC V0H 1T0 Phone: (250) 498-3481 Fax: (250) 498-4070

CONVEYANCE FORM

For Use of Private Vehicles On School Activities

SCHOO	DL:		DATE:	
DESTINATION:			MILEAGE ROUND TRIP:	
DESCR	RIPTION OF ACTIVITY:			
VEHIC	LE DESCRIPTION:	YEAR:	LICENCE NO:	
NUMBE	NUMBER OF PLACES/SEATS THAT MEET THE CRITERIA FOR SAFE PLACEMENT OF BOOSTER SEATS:			
NUMBE	ER OF PUPILS TO BE TRANSP	ORTED IN THIS VEHICLE:		
OWNE	₹:			
DRIVE	DRIVER: LEAD TEACHER:		HER:	
		* * * * * * * * * * * * * * * * * * * *	* * * * *	
Owner'	s Declaration:			
1. 2.		hird party liability coverage of \$1,000,00 lge, the vehicle is in safe operating cond and	00 minimum; dition and meets the requirements of the Motor	
	SIGNED:(Owner)			
	(Owner)			
<u>Driver's</u>	Declaration:			
in acco a boost	rdance with the Motor Vehicle Ad	ct and Regulations and to ensure that e eat is required when child is over 18k	responsibility to operate the vehicle safely and ach passenger is wearing a seat belt and using g/40 lbs AND under 4'9"/ no booster seat	
	SIGNED:(Driver)			
	(Driver)			
N.B.			I volunteers as owners or drivers of private there is no breach of the owner's certificate or	
		* * * * * * * * * * * * * * * * * * * *	* * * * *	
	On behalf of the Board of Education, I authorize the above driver to transport pupils for this activity.		ansport pupils for this activity.	
		SIGNED:		
			(Principal)	

Form Distribution: Original – Superintendent of Schools Copy – School Copy – Driver