



ST. JUDE SCHOOL

2953 East 15th Avenue
Vancouver, BC V5M 2K7
(604) 434-1633 Fax: (604) 434-8677
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DRIVER CERTIFICATION

*Thank you for volunteering to be a “driver”. In the case of an emergency we would require the following information.

***The form is to be completed once per school year and will be kept on file at the school.**

First Name: _____ Last Name: _____
(Please Print) (Please Print)

Child's Name: _____ Grade: _____
(Please Print)

Address: _____

City: _____ Postal Code: _____

Telephone Number: _____

MAKE , MODEL AND COLOUR OF VEHICLE _____

YEAR OF VEHICLE: _____

VEHICLE LICENSE NUMBER: _____

NUMBER OF SEAT BELTS IN VEHICLE WITHOUT AN AIR BAG: _____

To the best of my knowledge the vehicle identified above is insured, Driver in safe roadworthy condition and my driver's license is in good standing.

I accept responsibility for notifying the school of any changes in the above information.

Signature of Driver

Date: