

Application to Provide Transportation for Students

Surname: First nan	ne:
Address:	
Telephone: Home Work	Cell
State your position (Teacher, Volunteer, or Other):	
Name of Your Automobile Insurance Company: Company Agent or Address: Amount of liability coverage shown on the above policy: \$ (MA recommends \$1 million liability insurance) Expiry date of insurance policy (or renewal date): Ontario Driver's Licence #: Description of Vehicle Your	
(_)Owned Make:	Model:
If the vehicle is not owned by you the following information is required:	
Owner's Name: Surname: I Address:	First name:
Telephone: Home Work Cell I hereby give permission for the use of my vehicle to transport students: Signature of Owner:	
Statement of Applicant I have read the Montessori Academy of London's (MA) Code of Ethics, completed the Volunteer Application, and understand my personal responsibility with regard to minimum liability insurance coverage on the vehicle described above which will be the vehicle I will drive when transporting students. I will serve as Driver to transport students (I have a valid driver's licence and insurance policy) and will report to the supervising Director/Directress should there be any change in the above information provided. The vehicle described above is mechanically fit, there are seatbelts in good working condition for each passenger and appropriate car/booster seats are used. All students will wear seatbelts. I will comply with all laws governed by the Highway Traffic Act including prohibiting the use of any handheld devices such as cell phones. I am aware that if the above vehicle is equipped with a front seat passenger-side airbag, students must not be transported in that seat if they do not meet the minimum requirements for safety. I understand that booster seats are required for students under the age of eight years old, weighing more than 18kg but less than 36kg and who are less than 145cm tall. I understand that according to provincial legislation, passengers who are injured would recover accident benefits coverage from their own or a parent/guardian's automobile policy. I have attached a current Police Check. I am over 25 years of age and will endeavour that students in my care will conduct themselves in a safe, responsible manner. I will report promptly any misconduct, accident or injury to the Physical Education Director/Directress.	