



## CLEARVIEW PUBLIC SCHOOLS Volunteer Driver Designation Form

Clearview Public Schools provides transportation utilizing authorized volunteer drivers for off-site educational/extra-curricular events and activities. The parent/legal guardian understands that the off-site educational/extra-curricular activity might not be possible utilizing School Board Transportation due to cost and/or availability. Clearview Public Schools will not allow volunteer drivers to transport students whom the volunteer driver is not authorized, in writing, by such student's parent/legal guardian as per the Board Policy on Co-Curricular and Extra Curricular Trips.

\_\_\_\_\_ has permission to transport my  
School Name \_\_\_\_\_  
child with authorized volunteer drivers for the purposes indicated below. [Check the appropriate box(es)]

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> Badminton league/tournaments  | <input type="checkbox"/> Golf league/tournaments       | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Basketball league/tournaments | <input type="checkbox"/> Track and Field Competitions  | <i>Field Trip to</i>           |
| <input type="checkbox"/> Cross Country Competitions    | <input type="checkbox"/> Volleyball league/tournaments | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Curling league/tournaments    | <input type="checkbox"/> Wrestling Competitions        | <i>Other</i>                   |

As the parent/legal guardian of \_\_\_\_\_, I give permission for my child to be transported by the following authorized volunteer drivers in a private vehicle.

**Please list first and last names**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

### I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT THOROUGHLY.

- I AM AUTHORIZING THE USE OF AUTHORIZED VOLUNTEER DRIVERS TO TRANSPORT MY CHILD FOR AN OFF-SITE EDUCATIONAL/EXTRA-CURRICULAR ACTIVITIES ABOVE.
- I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

### Please Print Parent/Guardian Information

Name: \_\_\_\_\_  
Full name . Phone number

Address: \_\_\_\_\_  
Street . Apartment

City Province. Postal Code

Parent/Legal Guardian Signature Date

Principal Signature Date

The information on this form is collected pursuant to section 33 (c) of the *Protection of Privacy Act* in order to facilitate the School Division's desired use of privately owned and operated transportation. Any questions related to the collection of this information may be directed to Clearview Public Schools' PPA Coordinator at (403) 742-3331.