
SCHOOL DISTRICT 43 (COQUITLAM)

“WHAT THE L” ICBC LEARNER PERMIT PROGRAM DUE THURSDAY WEDNESDAY OCTOBER 22, 2025

The Coquitlam School District will be providing students with an opportunity to participate in a 2-day instructional program with an ICBC instructor to better prepare them for their Learners Permit test through ICBC. On day 2 of the program, students will take their Learners Permit test with the goal of successful completion. This program is designed for students who may face barriers in obtaining their learners permit including, but not limited to; *test anxiety, learning difficulties, financial need, limited access to resources or vehicles, other.*

PROGRAM DATES: NOVEMBER 18TH & 25TH , 2025
TIME: 9:00AM-2:00PM + ICBC TESTING ON SECOND SESSION
LOCATION: WINSLOW CENTER

Applications for the “What the L : Learners Permit Program” must be printed and completed. Students should submit a hard copy to their counselor or Youth Worker no later than October 22, 2025. Students will be accepted into the program based on a “needs-based” system.

To complete your application, please print and submit a completed copy of this application to your counselor or Youth Worker

- ☐ Student Information & Questionnaire
- ☐ SD43 Field Trip Consent Form
- ☐ ICBC Parental Consent Form
- ☐ Photocopy of valid government issued photo ID + second piece of ID

Student Information & Questionnaire - "WHAT THE L: LEARNERS PERMIT PROGRAM"

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to say

Phone Number: _____

Email Address: _____

Current School Name: _____

Grade Level (current year): ☐ 10th ☐ 11th ☐ 12th

Will you 16 years of age as of October 22, 2025

☐ Yes

☐ No

Do you identify as Indigenous?

☐ Yes

☐ No

Why are you interested in participating in the "What the L: Learners Permit Program" ?

(Briefly describe your reasons for applying)

How will successful completion of your "L test" help you achieve your personal and career goals?

Please identify any barriers that may apply to you.

☐ Learning difficulties

☐ Test anxiety

☐ Transportation barriers and or troubles securing ICBC testing/ vehicle

☐ Financial barriers

☐ Would rather not say

☐ None of the above

☐ Other (Please specify): _____

SD43 "WHAT THE L: LEARNERS PERMIT PROGRAM"



1080 Winslow Avenue, Coquitlam, BC V3J 0M6 • Phone 604-939-9201

SCHOOL DISTRICT 43 (Coquitlam)
PARENT/GUARDIAN FIELD TRIP INFORMATION AND CONSENT FORM

Dear Parents / Guardians

This letter is to inform you about a proposed field trip involving your child and to seek your support and written permission for them to participate. Please note that participation in this 2-day program is optional. While the training provider and Coquitlam SD staffs take all reasonable steps to prevent injuries to students, some degree of risk is inherent in any fieldtrip. As a part of this program students will be expected to attend Winslow Center for a 2-day in session with an ICBC instructor. Students will participate in lectures, practice tests, scenarios and general classroom activities. On day 2 of the program, students will be expected to complete their learner permit test at the Port Coquitlam ICBC testing center. Transportation to be provided.

If you have questions, please contact Ben King, Principal of Career Programs, at 778-984-1354.

Date(s) of Field Trips: Tuesday October 18th and October 25th, 2025

Start Time: 9:00am

End Time: Day 1: 2:00pm Day 2 : tbd based on student testing

Location of the Field Trip:

Winslow Center 1100 Winslow Ave, Coquitlam, BC V3J 2G3

POCO ICBC Testing Center 1930 Oxford Connector, Port Coquitlam, BC V3B 4H3

Nature of the Field Trip: Students will have the opportunity to participate in a 2-day in service to study for their learners permit with an ICBC instructor. Following instruction, all students will take the learners permit test at ICBC and have the opportunity to secure their "L"

Eligibility: Students must be at least 16 years of age by **Tuesday October 25th, 2025** and must have 2 valid pieces of government issued photo ID.

Students will need to bring/consider:

- Government issued photo ID + secondary piece of government issued ID
- Water bottle
- Pencil and Pen

Teacher(s)/Administrator(s) in Charge: Ashley Impellezzere & Ben King + Program Instructor provided by ICBC

Your son/daughter will be traveling by: Students will be required to provide their own transportation to and from Winslow Center. Transportation will be provided for students to ICBC and to home school after testing upon request.

Address: 1121 King Albert Ave, Coquitlam, BC V3J 1X8

Food/Snacks: Lunch and snacks are provided

Cost of Optional Field Trip: \$20.00. Students will be required to pay a \$20.00 fee to secure their spot in the program. Cost to participate will be payable through an online secure link and will send to students upon acceptance.



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SCHOOL DISTRICT 43 (Coquitlam)
PARENT/GUARDIAN FIELD TRIP INFORMATION AND CONSENT FORM

COQUITLAM SCHOOL DISTRICT FIRST AID & CPR CERTIFICATION

Are there any **medical concerns** (allergies, diabetes, epilepsies...) that Coquitlam school staffs should be aware of surrounding your child's participation?

- ☐ NO
- ☐ YES, medical concern is:

Are there any **physical concerns** (sprained ankle, limited lifting ability/amount,...) that Coquitlam school staffs should be aware of surrounding your child's participation?

- ☐ NO
- ☐ YES, physical concern is:

Besides the ones listed above, are there **any other concerns**, of any kind, the Coquitlam SD should know about?

- ☐ NO
- ☐ YES, you should know:

I understand that the Coquitlam School District's and your home school's "Rules and Code of Conduct" apply during the field trip. I will be responsible for any costs caused by my child's failure to abide by the Codes of Conduct, including any costs to send my child home.

STUDENT (please print son/daughter name) _____

PARENT OR GAURDIAN (please print parent/guardian name) _____

PARENT OR GAURDIAN (SIGANTURE): _____

On behalf of the Coquitlam School District, I confirm that the students listed above are in good standing with their school. I also believe that they are a good candidate for this program and would benefit from the supports.

SCHOOL REPRESENTATIVE NAME: _____

SCHOOL REPRESENTATIVE EMAIL: _____

SCHOOL REPRESENTATIVE (SIGNATURE): _____

Please complete:

All sections must be completed to be considered for the program



Parent/Guardian Consent of a Minor's Driver Licence (MVA Section 32)

To be completed by ICBC

ICBC RACF ID	DRIVER LICENCE NUMBER OF MINOR
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Applicant Minor Information (please print)

LEGAL LAST NAME OF MINOR	LEGAL GIVEN NAME(S) OF MINOR	DATE OF BIRTH (dd/mmm/yyyy)
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Custodial Parent/legal Guardian Information (please print)

LEGAL LAST NAME OF PARENT/GUARDIAN	LEGAL GIVEN NAME(S) OF PARENT/GUARDIAN	PARENT/GUARDIAN PHONE NUMBER
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1. I am the custodial parent/legal guardian of the minor named above.

2. I am supporting the application for the type of licence(s) checked below:

☐ Passenger Vehicle (class 5/7)

☐ Motorcycle (class 6/8)

☐ Commercial (class 3)

3. I have read the warning below and understand the consequences of making a false declaration.

SIGNATURE OF PARENT OR GUARDIAN

DATE (dd/mmm/yyyy)

Non-Related Adult Witness

NOTE: A witness is not required when this form is completed at the Driver Licensing Office.

LEGAL LAST NAME OF WITNESS	LEGAL GIVEN NAME(S) OF WITNESS	WITNESS PHONE NUMBER
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1. I have witnessed the above parent or guardian signature and the signature is of the parent/guardian identified above.

2. I have read the warning below and understand the consequences of making a false declaration.

SIGNATURE OF WITNESS

DATE (dd/mmm/yyyy)

WARNING

Knowingly making a false or misleading statement in applying for or assisting in the application for a British Columbia Driver's Licence may result in prosecution under the *Motor Vehicle Act*, s. 69. A person who contravenes s. 69 is liable to a fine of up to \$20,000 and/or to imprisonment.

Personal information contained in this form is collected under the authority of s. 32 of the *Motor Vehicle Act* and s. 26 of the *Freedom of Information and Protection of Privacy Act* for the purpose of processing the application in support of a minor for a driver's licence. Information may be disclosed pursuant to s. 33 of FIPPA. If you have any privacy questions, please visit icbc.com or contact the Manager at our Privacy & FOI department at 151 W Esplanade, North Vancouver, BC, V7M 3H9, or call 1-800-950-1498.

Concerns about the fitness and ability of the minor named above may be reported to the Superintendent of Motor Vehicles, who may take action regarding the privilege to drive of the minor named above.

Please check with your insurance agent that you have the appropriate coverage for the vehicle operated by the minor.

Example form:



Parent/Guardian Consent of a Minor's Driver Licence (MVA Section 32)

To be completed by ICBC

ICBC RACF ID	DRIVER LICENCE NUMBER OF MINOR
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Applicant Minor Information (please print)

LEGAL LAST NAME OF MINOR LAST Name	LEGAL GIVEN NAME(S) OF MINOR First Name and other middle names	DATE OF BIRTH (dd/mm/yyyy) 16-Jan-1990
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Custodial Parent/legal Guardian Information (please print)

LEGAL LAST NAME OF PARENT/GUARDIAN LAST Name	LEGAL GIVEN NAME(S) OF PARENT/GUARDIAN First Name and other middle names	PARENT/GUARDIAN PHONE NUMBER 604-123-1234
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- I am the custodial parent/legal guardian of the minor named above.
- I am supporting the application for the type of licence(s) checked below:
 - ☒ Passenger Vehicle (class 5/7)
 - ☐ Motorcycle (class 6/8)
 - ☐ Commercial (class 3)
- I have read the warning below and understand the consequences of making a false declaration.

SIGNATURE OF PARENT OR GUARDIAN

27-Mar-2019

DATE (dd/mm/yyyy)

Non-Related Adult Witness

NOTE: A witness is not required when this form is completed at the Driver Licensing Office.

LEGAL LAST NAME OF WITNESS	LEGAL GIVEN NAME(S) OF WITNESS	WITNESS PHONE NUMBER
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- I have witnessed the above parent or guardian signature and the signature is of the parent/guardian identified above.
- I have read the warning below and understand the consequences of making a false declaration.

SIGNATURE OF WITNESS

27-Mar-2019

DATE (dd/mm/yyyy)

WARNING

Knowingly making a false or misleading statement in applying for or assisting in the application for a British Columbia Driver's Licence may result in prosecution under the Motor Vehicle Act, s. 69. A person who contravenes s. 69 is liable to a fine of up to \$20,000 and/or to imprisonment.

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Concerns about the fitness and ability of the minor named above may be reported to the Superintendent of Motor Vehicles, who may take action regarding the privilege to drive of the minor named above.

Please check with your insurance agent that you have the appropriate coverage for the vehicle operated by the minor.

ICBC Identification Requirements- “WHAT THE L: LEARNERS PERMIT PROGRAM”

Please check the ICBC website for a list of accepted government IDs.

<https://www.icbc.com/driver-licensing/visit-dl-office/Accepted-ID>

Please attach a photocopy of two pieces of government issued ID that meet the requirements outlined by ICBC.

Note that: students will be required to bring hard copies of government issued ID to the ICBC testing center on Tuesday October 25, 2025. Any student who fails to present two valid pieces of government issued ID will NOT be able to write the test.