



FIELD TRIP-DRIVER INFORMATION SHEET

(This form will be on file in the school office)

I. DRIVER:

Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

City, State, Zip Code: _____ Phone #: _____

Driver's License #: _____ Expiration Date: _____

II. VEHICLE THAT WILL BE USED:

Name of Owner: _____ Model of Vehicle: _____

Address of Owner: _____ Make of Vehicle: _____

City, State, Zip Code: _____ Year of Vehicle: _____

License Plate #: _____ Expiration Date: _____

Registration Expiration Date: _____

If more than one vehicle is to be used, the afore-mentioned information must be provided for each vehicle.

III. INSURANCE INFORMATION:

Insurance Company: _____

Policy Number: _____

Policy Expiration Date: _____

Liability Limits of Policy:* _____

* Please note: The minimal, recommended liability limit for privately owned vehicles is \$100,000/\$300,000.

IV. INSURANCE INFORMATION:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

(Signature)

(Date)

Reference: Procedure 2.50, Item B