

FIELD TRIP DRIVER INFORMATION ST. PAUL'S LUTHERAN SCHOOL

NAME _____ GRADE _____ SCHOOL YEAR 2017/2018

I will be willing to drive for field trips when possible this school year. I will inform the teacher if I can drive on a particular trip at the time the teacher sends home the field trip permission form. I also understand that if any of the information changes during this school year, I will inform the teacher immediately so that only the correct information is valid. I understand that while responsible for the children in my vehicle, no side trips for food or drinks are allowed without the permission of the teacher.

I would like to drive and can take _____ children in my car/van. Each child will be in a seat belt. I understand no child will be allowed to ride in the front seat.

Driver's License # _____ Year of Expiration _____

Make, model, and year of car _____

Insurance company _____ Policy # _____

Amount of Liability Insurance _____

I have had moving violations in the past year?

Yes _____ No _____ How Many? _____

I acknowledge that the above information pertaining to this driver information is correct and I consider myself a careful and safe driver and accept the responsibility of the children under my care.

Phone # _____ Parent's Signature _____

Date _____

A copy of driver's license and insurance card must be on file in the office before driving students.