



Child/ren's Last Name: _____
Child's Name _____ Grade: _____
Child's Name _____ Grade: _____
Child's Name _____ Grade: _____
Child's Name _____ Grade: _____

St. Joseph School Field Trip - Driver Information Form

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

1. **DRIVER:**

Name: _____ Date of Birth: _____

Address: _____ City: _____

State, Zip Code: _____ Phone # _____

Cell Phone # _____

Driver's License # _____ Date of Expiration: _____

2. **VEHICLE THAT WILL BE USED:**

Name of Owner: _____ Model of Vehicle: _____

Address of Owner: _____ Make of Vehicle: _____
(Only if different)

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

License Plate #: _____ Registration Expiration Date: _____

Note: If more than one vehicle is to be used, the above information must be provided for each vehicle.

3. **INSURANCE INFORMATION:**

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company: _____

Policy #: _____

Policy Expiration Date: _____

Liability Limits of Policy*: _____

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

4. **CERTIFICATION:**

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)