



FIELD TRIP DRIVER INFORMATION FORM

FIELD TRIP DRIVER INFORMATION GRACE 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.

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 YOUR DRIVERS LICENSE AND INSURANCE**

**CARD MUST BE ON FILE IN THE SCHOOL OFFICE\*\***