



FIELD TRIP DRIVER INFORMATION FORM

SCHOOL YEAR 2024 - 2025

STUDENT NAME(s) _____ GRADE _____ TEACHER _____

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.**

Driver's Name _____

Make and Model of Vehicle _____

Color and Year of Vehicle _____

Amount of Liability Insurance _____

I have had moving violations in the past year? Yes _____ No _____ How Many? _____

Phone # _____

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. I understand that all children in my vehicle must be wearing a seat belt.

Driver's Signature _____ Date _____

****A COPY OF YOUR DRIVERS LICENSE AND INSURANCE**

CARD MUST BE ON FILE IN THE SCHOOL OFFICE**