



## Archdiocese of Seattle, Catholic Schools Department

### FIELD TRIP: DRIVER INFORMATION SHEET

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

#### I. Driver:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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, required 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