



Driver Insurance Form – Field Trips and Athletics

Name of Family: _____

This form must be completed in full for you to be able to drive to field trips and school events. Our insurance company requires this information to be on file for all drivers.

*Please note – parents are responsible for arranging transportation for their children to and from field trips, athletic practices, and games.

	(Father's info)	(Mother's info)
Parent / Guardian Name		
Driver's License Number		
Vehicle License Plate Number		
Vehicle Make & Model		
Name of Insurance Provider		

(Check One)

Policy Number: _____ **Is the policy current?** ☐ YES / ☐ NO

Have you ever committed or been charged with any criminal offenses? ☐ YES / ☐ NO

*If yes, please explain:

Have you ever had a problem with substance abuse or alcohol abuse? ☐ YES / ☐ NO

*If yes, please explain:

In the past 12 months have you received a citation for any moving violations? ☐ YES / ☐ NO

*If yes, please explain:

In the past 12 months have you been the driver of a vehicle that has been in an accident? ☐ YES / ☐ NO

*If yes, please explain:

(Signature) Father / Guardian

(Date)

(Signature) Mother / Guardian

(Date)