

Need a copy of:
Insurance &
Driver's License

School District of the City of Royal Oak

VOLUNTEER DRIVER INFORMATION

Please sign and return to the school by _____ (Date)

Thank you for volunteering as a driver for a school sponsored field trip, scheduled as follows:

Place _____

Date _____ From _____ To _____
(Time) (Time)

/s/ _____
(Teacher in Charge)

Name of volunteer driver _____

Address _____ Telephone _____

I acknowledge that:

1. I have a valid driver's license, Number _____
Expiration Date _____ I am over 21 _____

2. My vehicle is covered by liability insurance (including coverage of passengers).
Company _____
Policy No. _____ Expiration Date _____

3. My vehicle is in safe operating condition.

4. My car is equipped with seat belts and I will require all occupants to use them.

5. I have _____ seat belts.

6. I acknowledge that the number of passengers carried in my vehicle will not exceed the number of usable seat belts.

7. Make _____ Model _____ Year _____

8. I understand that smoking is prohibited on student field trips.

(Signature , Volunteer Driver)

PRINCIPAL'S RECORD

FOR OFFICE USE ONLY:

Filed in school office: _____

/s/ _____
(Principal)

Note: This form must be filed in the principal's office at least 48 hours before the scheduled trip.
No Smoking while transporting passengers, please.