

**One Form Per
Family**

**Space Available
For 2 Drivers & 2
Vehicles**



ARCHDIOCESE OF SEATTLE

FIELD TRIP: DRIVER INFORMATION SHEET

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

I. Drivers:

Driver 1: _____ Date of Birth: _____

Address: _____

City, State, Zip Code: _____ Phone #: _____

Driver's License #: _____ Expiration Date: _____

Driver 2: _____ Date of Birth: _____

Driver's License #: _____ Expiration Date: _____

II. Vehicle that will be used:

Name of Owner: _____ Model of Vehicle: _____ (V1) _____ (V2)

Address of Owner: _____ Make of Vehicle: _____ (V1) _____ (V2)

City, State, Zip Code: _____ Year of Vehicle: _____ (V1) _____ (V2)

License Plate #: _____ (V1) _____ (V2) Expiration Date: _____ (V1) _____ (V2)

Registration Expiration Date: _____ (V1) _____ (V2)

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