



St. Vincent de Paul Catholic School

Thank you for agreeing to transport students for our field trip. We would not be able to offer these extra educational experiences without your help. In order to insure that all of our drivers are covered with insurance, please complete the information below and return to the office before the date of the trip.

Driver Name _____

Birth Date _____ *Must be over 25 years of age

Driver's License Number _____

Make and Color of Vehicle _____

Insurance Carrier Name _____

Policy Number _____ Expiration Date _____

*Attach copy of driver's license and insurance card as confirmation that you are in good standing with the Department of Motor Vehicles and the State of Indiana.

I affirm the above information to be true and correct. I agree to follow all regulations in regard to driver and passenger safety while transporting students. My vehicle is equipped with safety belts and I will require all passengers to wear safety belts at all times. I will not smoke in the presence of children at any time during transportation or duration of the trip.

Signature

Date

This form will be kept on file in the school office for field trips taken during the _____ school year. A new form must be filled out for each school year. Thank you.