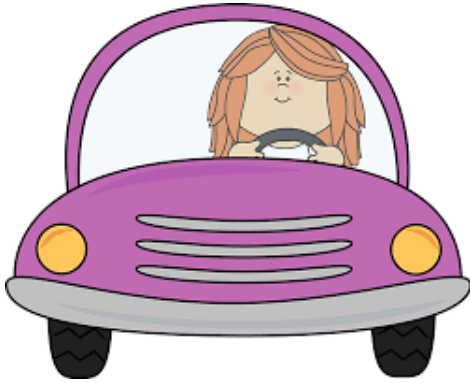


VEHICLE INFORMATION FOR OFF-CAMPUS TRANSPORTATION:



Please complete the following information for the field trip for which you are providing transportation: **THIS FORM WILL REMAIN ON FILE IN THE SCHOOL OFFICE FOR THE 2016 - 2017 SCHOOL YEAR.** Please notify the school office if there are any changes to the information below:

Name of Driver: _____

Make of Vehicle: _____

Model: _____ Year: _____ License Plate # _____

Insurance Company: _____

Policy Number: _____

Expiration Date: _____

All occupants in the vehicle must have their own seat belt and must be belted while the vehicle is in operation.

ALL DRIVERS MUST HAVE THIS FORM, AND A PHOTOCOPY OF THEIR CURRENT DRIVERS LICENSE ON FILE IN THE SCHOOL OFFICE BEFORE TRANSPORTING CHILDREN.

I understand that I assume the responsibility for the safe transportation of all passengers in my vehicle. I also verify that the above information is correct.

Signature: _____ Date: _____