



# WHITINSVILLE CHRISTIAN SCHOOL

LANCE B ENGBERS, MA  
Headmaster

## DRIVER APPROVAL FORM FIELD TRIPS/EVENTS

This form must be filled out by any person driving students in a private, rented or school-owned motor vehicle. Please return this form, along with copies of your driver license and insurance declaration page to the Elementary teacher or Middle/High School office one week prior to the departure of the trip. We will make the copies for you if needed.

### **Expectations for Voluntary Drivers**

All voluntary drivers will:

1. make sure each passenger is wearing a seatbelt.
2. not exceed the speed limit.
3. not use cell phone while driving.
4. keep noise level to a minimum in the vehicle to enable safe driving.
5. not play movies while transporting students.
6. not put any students in the front passenger seat of the vehicle.

\*\*\*\*\*

### **Driver Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**\*\* A copy of your driver's license must be attached to this form. \*\***

### **Personal Vehicle Information**

Name of Owner: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Address: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ Seating Capacity for Students: \_\_\_\_\_

### **Insurance Information**

Insurance Company: \_\_\_\_\_

**\*\* A copy of your insurance "Declaration Page" showing policy limits, names and vehicle insured and expiration date must be attached to this form. \*\***

**Required Limits: Bodily Injury: \$100,000/\$300,000**

I certify the above information is correct. I understand that my insurance is primary in the case of an accident.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*TRAIN A CHILD IN THE WAY HE SHOULD GO. (PROVERBS 22:6)*