

ST. CATHERINE OF SIENA SCHOOL
Field Trip Driver Information Sheet

1. Driver

Name: _____

Date of birth: _____

Address: _____

Social security #: _____

Home Phone: _____

Cell Phone: _____

Driver's license #: _____

Date of expiration: _____

2. Vehicle that will be used:

Name of owner _____

Model of vehicle: _____

Address of owner: _____

Make of vehicle: _____

Year of vehicle: _____

License plate #: _____

Date of expiration: _____

Registration expiration date: _____

Number of passenger seatbelts: _____

If more than one vehicle is to be used, the afore-mentioned information must be provided for each vehicle.

3. Insurance information:

Insurance company: _____

Policy#: _____

Date of policy expiration: _____

Liability limits of policy *: _____

***Please note:** The minimal acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000.

4. Certification:

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 coverage in effect on any vehicle used to transport the children.

Signature: _____

Date: _____