



## MONTESSORI SCHOOL OF WOOSTER EDUCATIONAL FIELD TRIP DRIVER FORM & POLICY

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

**PLEASE FILL OUT THIS FORM IN ITS ENTIRETY, INCLUDING YOUR SIGNATURE.**

Thank you for volunteering to assist in transporting children, **including if you are only driving your own child**, on school-sponsored activities. Prior to using a private automobile for an educational field trip, the driver must complete, sign, and return this form to the school office. The form must be completed at least once each school year and each time the information on the form changes.

### DRIVER INFORMATION

Driver (circle one):      Employee      Parent/Guardian/Grandparent      Volunteer

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

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

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

### VEHICLE INFORMATION

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

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

License Plate #: \_\_\_\_\_ Registration Expiration: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_  
(Excluding front passenger seat if there is a front passenger air bag)

### INSURANCE INFORMATION MUST BE ATTACHED

Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

If your policy expires during the 2024-2025 school year, please provide updated information to the school office. Proof of insurance cards are NOT accepted. "Continuous until Canceled" is not acceptable as an expiration date.

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

Property Damage: \$25,000

**CONDITIONS / RESTRICTIONS**

- For insurance purposes, vehicle capacity is one passenger per seat belt. All passengers shall use their seat belts.
- Only children meeting the state law requirements, and with parental approval, may sit in the front seat of the vehicle. Use of child car seats shall be in accordance with state law.
- The vehicle is in a safe operating condition based on inspection by me as to lights, horn, turn signals, brakes, tires, and suspension.
- I have no physical limitations that would adversely affect my ability to drive safely.
- A cell phone will be used ONLY in the case of an EMERGENCY while on school business.
- No DVDs (movies) will be shown in my vehicle during a school-sponsored trip.
- I am not taking any medication that would adversely affect my ability to drive safely.
- I have no prior convictions within the last 5 years for driving under the influence.

Please note: If you drive your personal automobile while on school business and you are involved in an accident, by law your liability insurance policy is used first. The school liability policy would be used only after your policy limits have been exceeded. The school does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

**WEAPON-FREE POLICY**

No student or parent/guardian shall use, possess, handle, transmit, sell, or conceal any object that can be classified as a weapon or dangerous instrument while on school grounds, at school-sponsored or related activities, functions, or events off school grounds, on a school owned, operated or leased vehicles, or at any other time that the student is subject to the authority of the school. Weapons and dangerous instruments shall include any object which is used or may be used to inflict physical harm or property damage.

**AGREEMENT**

I CERTIFY THE ABOVE INFORMATION IS CORRECT AND THE INSURANCE COVERAGE IS IN FORCE AND AGREE TO ADVISE THE SCHOOL IN WRITING OF ANY CHANGES IN THE ABOVE INFORMATION. I UNDERSTAND THAT MY INSURANCE IS PRIMARY IN CASE OF AN ACCIDENT AND THAT THE MONTESSORI SCHOOL OF WOOSTER ACCEPTS NO RESPONSIBILITY FOR DAMAGE OR LOSS TO MY VEHICLE. ALL PASSENGERS WILL WEAR SEAT BELTS AND I WILL NOT PUT A CHILD IN THE FRONT SEAT IF THERE IS AN AIRBAG.

Signature of Driver: \_\_\_\_\_ Date: \_\_\_\_\_

School Official's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: This form must be renewed each year as well as during the school year whenever your insurance coverage dates renew or the information on the form changes.**