

Field Trip Driver Information Sheet—St. Patrick Catholic School

1. Driver Information

Name _____ Date of Birth (mm/dd/yyyy) _____
SSN _____ Driver's License Number _____

2. Vehicle Information

Name of Owner _____ Model of Vehicle _____
Address _____ Make of Vehicle _____
License Plate Number _____ Year of Vehicle _____
Date of Expiration _____ Registration Expiration Date _____

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

3. Insurance Information

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle

Insurance Company _____
Policy # _____ Expiration Date _____

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 insurance coverage in effect on any vehicle used to transport students.

Signature Date

Form #C115e



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Catholic School**

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