

Student's Last Name: _____

Circle Christian School School Activity Driver Agreement

If you think you will ever participate in a school activity (athletics, field trips, etc.) as a driver, please fill out this form and return to the school prior to the event.

Driver's Name: _____ Cell Phone: _____

Number of years driving: _____

I can drive and take _____ number of passengers in the back seat with seat belts

Automobile liability insurance company: _____

Amount of Liability Insurance Carried: \$ _____

Expiration date of policy _____

Have you been involved in a vehicular accident or been issued a ticket in the last three years?

YES NO

If YES, please give details of each incidence: _____

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- I understand that before I drive on a school activity trip I may be asked to show my driver's license and insurance card.
 - All children under 12 years of age must be in the back seats only.
 - Everyone in the vehicle must wear seatbelts.
 - Drivers should not make unscheduled stops to stores, fast food restaurants, banks, gas stations, etc. unless prior approval is given.
 - Use of cell phone while driving is prohibited except in the case of an emergency.
 - No texting of any type should ever be done while driving.
 - All persons accompanying a school activity trip must refrain from smoking.
 - Students should only ride in vehicles with drivers approved by the student's parent.
 - Parents and/or students are not to bring any other children or fellow students on a school activity trip unless prior approval is given.

Driver's Signature: _____ Date: _____

Please complete and return this form to the athletic/field trip director prior to volunteering to drive students on behalf of Circle Christian School.