

THE JOHN **CROSLAND** SCHOOL



5146 Parkway Plaza Blvd. Charlotte, NC 28217

Dear Parents,

If you are interested in driving for any of the field trips throughout the year, please complete the form on the back and return it to school. Filling out this form does not obligate you to drive on field trips. Please make sure the entire form is completed. Our insurance company requires that you have a liability limit of \$100,000/\$300,000. If you have any questions feel free to call me.

Nancy Lukacik
School Nurse/Secretary
704-365-5490

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Volunteer Driver Information Form

DRIVER

Name: _____ Date of Birth: _____

Address: _____

Driver's License #: _____ Date of Expiration: _____

VEHICLE THAT WILL BE USED

Name of Owner: _____ Model of Vehicle: _____

Address of Owner: _____ Make of Vehicle: _____

Year of Vehicle: _____

License Plate #: _____ Inspection Expiration Date: _____

Registration Expiration Date: _____ Number of Seat Belts: _____

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 Number: _____ Date of Policy Expiration: _____

Liability Limits of Policy*: _____

*Please note: The minimal acceptable liability limit for privately owned vehicles is \$100,000/\$300.00.

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 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. It is my responsibility to know and utilize current Child Passenger Safety Laws at all times while transporting John Crosland School students.

Signature

Date