

TRAVERSE CITY AREA PUBLIC SCHOOLS

DRIVER/OWNER INFORMATION FORM
FIELD TRIPS USING NON-DISTRICT OWNED OR OPERATED VEHICLES

Driver Information Section:

I certify that as a driver of a private vehicle transporting students to a school sponsored function:

- A. I am at least eighteen (18) years old and have been a fully licensed driver for a period of at least one (1) calendar year.
- B. I currently possess a valid driver's license that does not have any legal restriction, limitation, or suspension associated or attached to it.
- C. I possess insurance coverage on the vehicle that I will be driving, including liability coverage in the amount of at least equal to the minimum required by the State of Michigan.

Insurance Company Name: _____

Driver's License Number: _____

License Number of Vehicle: _____

- D. Please list all vehicle moving violations, or other vehicle infractions in the past five (5) years.

- E. I am not aware of any mechanical defect or problem with the vehicle that might make it unsafe for purposes of this trip.
- F. I agree to transport no more than the number of persons for which the vehicle is designed and insurance rated.
- G. I will make sure that all passengers utilize the available safety retraining system. I will transport only approved passengers.
- H. I will make sure that children under the age of thirteen (13) will ride properly belted in the rear passenger area only.
- I. I will make sure that all adult passengers are properly belted.
- J. I understand that I am in charge of this vehicle. I will see to it that no occupant consumes tobacco, alcoholic beverages, or illegal substances in or around this vehicle. I will see to it that no occupant possesses a weapon or firearm.
- K. This is a school-sponsored field trip. By signing this form I agree to abide by TCAPS Student/Parent Handbook expectations.

SIGNATURE OF DRIVER: _____ **DATE:** _____

PLEASE PRINT NAME CLEARLY: _____

ADDRESS OF DRIVER: _____

Vehicle Owner Authorization Section:

I am the owner of the vehicle (make, model, and year): _____ with _____ number of seat belt positions in the rear passenger area.

If someone other than the vehicle owner is driving, please complete:

I hereby authorize the following named individual, _____, to drive said vehicle, utilizing appropriate safety restraining systems, and adhering to manufacturer established passenger capacity limits.

I certify that I have read, understand, and completed the requested information from the "Driver Information" and the "Vehicle Owner Authorization" sections of this document.

Signature of Vehicle Owner: _____ **Date:** _____

Please Print Name Clearly: _____

Address of Vehicle Owner: _____

I have reviewed the information provided above.

Signature of Principal _____ **Date:** _____

Please Print Name Clearly: _____