
DRIVER INFORMATION SHEET

****Please fill out a separate form for each child****

Driver

Name _____ Date of Birth _____
Address _____ Social Security # _____
_____ Phone # _____
PA Driver's License # _____ Date of Expiration _____

(If more than one family member will be driving this year, the aforementioned information must be provided for each person.)

Vehicle That Will Be Used

Name of Owner _____ Model of Vehicle _____
Address of Owner _____ Make of Vehicle _____
_____ Year of Vehicle _____
License Plate # _____ Registration Exp. Date. _____

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

Insurance Information

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle. **Please provide proof of policy.**

Insurance Company _____
Policy # _____ Date of Policy Expiration _____
Liability Limits of Policy _____
(Minimum required \$100,000 per person / \$300,000 per occurrence)

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 Pennsylvania driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle use to transport students. I also must have a working seatbelt for each student I transport.

(Signature)

(Date)

* Please notify the office when any changes occur. (Please be sure to monitor the expiration dates.)

Grade: _____