



# St. Charles Borromeo Catholic School

August, 2019

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**Our Mission:** To Teach, Love, Live and Learn as Jesus Did  
**Our Vision:** Share Faith, Serve Others, Seek Knowledge

## Driver Information Sheet

**Use of 11 (including driver) to 15 passenger vans to transport children on field trips is prohibited. Removal of seats from a vehicle designed to transport 11 (including driver) to 15 passenger vans to make the vehicle a 10 or less passenger vehicle is not allowed. Mini-vans may be used to transport children/adults. A mini-van is defined as a passenger vehicle designed to transport no more than 8 total occupants. A parent with an 11-15 passenger van is welcome to drive his/her own child in that vehicle on a field trip, just not able to transport other children.**

**Student Name and Homeroom** \_\_\_\_\_

### Driver Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_  
Phone # \_\_\_\_\_

### Vehicle That Will Be Used

Name of Owner \_\_\_\_\_ Make of Vehicle (i.e. Chevy, Ford) \_\_\_\_\_  
Address of Owner \_\_\_\_\_  
Model of Vehicle (i.e. Cruze, Taurus) \_\_\_\_\_ Year of Vehicle \_\_\_\_\_  
License Plate # \_\_\_\_\_ License Plate Date of Expiration \_\_\_\_\_  
Registration Expiration Date \_\_\_\_\_ Number of Seats with Functional Seat Restraints \_\_\_\_\_  
Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

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

### Insurance Information

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

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Date of Policy Expiration \_\_\_\_\_ Liability Limits of Policy\* \_\_\_\_\_

**\*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000**

**In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the past five years:**

\_\_\_\_\_  
\_\_\_\_\_

**Please Note that as a volunteer driver, your insurance is primary.**

**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. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date