

TROY SCHOOL DISTRICT
TROY, MICHIGAN

GENERAL FIELD TRIP DRIVER INFORMATION FORM

Form must be completed and returned to the school office two weeks prior to the field trip.

Thank you for volunteering as a driver for a school-sponsored field trip scheduled as follows:

Place _____

Date _____ From _____ To _____

Teacher in Charge _____

Driver's Name _____ Building _____ School Year _____

Driver's Address _____ Telephone _____

(NOTE: All above information is to be completed by teacher in advance.)

Owner of Vehicle(s)

(1) _____ Address _____

(2) _____ Address _____

1. I am presently covered by a no-fault car insurance policy, as required by Michigan law, and understand that such insurance will have primary coverage responsibility.
2. A legal seatbelt restraining device is available in my vehicle for each passenger. All passengers shall have their seatbelts fastened when the vehicle is moving.
3. For safety reasons, if your vehicle is equipped with a front-seat passenger-side airbag, it is recommended that elementary-aged students should not be placed in the front seat.

I have read and will comply with each of the above conditions.

Driver's signature _____ Date _____

The following items must accompany this form:

- Copy of driver's license
- Copy of certificate of insurance
- Copy of vehicle registration

Please check one:

- Adult volunteer
- Student
- Teacher

FOR OFFICE USE ONLY:

Date filed in school office _____

Signature _____

Principal/Assistant Principal