



Parent/Volunteer Driver Form

Name: _____

Cell: _____

Driver's License Number: _____

State: _____

Is all information on your driver's license current? Yes No

Please update all information here:

Have you ever had your driver's license revoked, suspended, or restricted?

Yes No

If yes, please list the dates and details of the suspension:

Have you been charged with a DUI or DWI in the past 5 years?

Yes No

If yes, please list the dates and details of the charge and resolution:

Has any company cancelled or refused to provide personal auto insurance?

Yes No

If yes, please list the date(s) and details:

Do you have any physical or visual impairment which cannot be corrected with glasses or contacts?

Yes No

Have you completed the school's Mandated Reporting of Abuse training?

Yes No

Will you ensure that each child under 8 years of age and less than 4'9" tall is securely fastened in an approved car booster seat?

Yes No

Will you ensure that each passenger over 8 years of age and taller than 4'9" is securely fastened in a 3 point seat belt?

Yes No

Please attach a copy of your current driver's license and insurance card to this form.