

GCS FIELD TRIP CHAPERONE DRIVER APPLICATION FORM

IN ORDER TO DRIVE ANOTHER CHILD, YOU MUST COMPLY WITH ALL REQUIREMENTS AS STATED BELOW.

Parents are needed to transport students on field trips. The purpose of this form is to reduce the liability of the school and drivers. Every field trip carpool driver **MUST** have all the following information on file in the school office prior to the trip.

- Photo copy of your car insurance liability coverage. (Front page of policy, not insurance card)
- Photo copy of your current driver's license: No. _____ D/L Expires _____

YOU MAY ALSO FAX THIS INFORMATION TO 1-480-247-4737

Section I—Driver/Vehicle Information

Driver's Name: _____

Phone: (H) _____ (W) _____ (C) _____

Address: _____

City: _____ Zip: _____

Car Make/Model: _____ Year: _____ Vehicle License #: _____

Number of working seat belts in car: _____ Number of Passengers: _____

Section II—Insurance Information

Required liability insurance: (1) \$100,000 for bodily injury per person; (2) \$300,000 per incident for bodily injury for all vehicle occupants; and (3) \$50,000-\$100,000 for property damage. Amount on this car:

Insurance Company: _____ Policy #: _____

Amount: (1) _____ (2) _____ (3) _____

Uninsured/underinsured motorist coverage? ___Yes ___No Policy Expiration Date: _____

___Yes ___No Have you been in an accident in the last three years?
If YES, describe the accident and its cause on another sheet of paper and attach to this form.

___Yes ___No Have you ever been convicted for DWI/DUI of alcohol or drugs, or had your license suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation?
If YES, please explain on another sheet of paper and attach to this form.

Section III-Requirements for Drivers

- I possess a valid driver's license and the necessary insurance.
- I will contact my insurance agent to ascertain if there are any liability policy limits or exclusions regarding transporting other students or faculty members.
- I understand that the school's insurance will take effect only after my personal auto insurance limits are exhausted.
- I have read and agree to follow the School Field Trip Policies and Procedures and affirm that I will carefully transport students under my care, including obeying all traffic laws.
- The information given on this form is true and correct to the best of my knowledge.
- I agree to **NOTIFY THE OFFICE WITH ANY CHANGES OF INSURANCE, VEHICLE, OR DRIVER'S LICENSE.**

Parent Signature _____

Date _____