

TRANSPORTATION INFORMATION FOR VOLUNTEER CARS

For the School Year 20__ to 20__

For Field Trips Involving Students of _____
(Name of School)

Today's Date _____

Auto Make _____ Model _____ Year _____

Registration Number (License Plate) _____

California Driver's License Number _____

Number of passenger seat belts _____ *(Any child under the age of 6 weighing less than 60 lbs. must be secured in a federally approved child passenger restraint system and ride in the back seat of a vehicle.)*

Insurance Company _____ Policy# _____

Insurance Agent _____ Phone# _____

Insurance Coverage:

\$15,000/\$30,000/\$5,000

California required minimum

\$100,000/\$300,000/\$50,000

Recommended

\$250,000/\$500,000/\$50,000

Strongly recommended

Insurance effective dates from _____ to _____

(Attach copy of current coverage)

Driver _____

Car Owner's Signature _____ Date _____

(Owner's signature indicates approval and signifies that the above information is correct.)

Owner's Phone Number _____

Emergency contact:

(Name) (Relationship) (Phone #)

| DATE | DESTINATION | TEACHER/GRADE LEVEL |
|-------|-------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |