

Last Name _____ First Name _____

(Please fill in all blanks, sign and bring to office with valid driver's license and proof of insurance)

Christ Lincoln Schools Field Trip Driver's Information Form 2018-2019

This is to verify that I have:

1. Valid Driver's license, (please provide copy or office will be glad to make copy)
2. Am 25 years of age
3. Insurance on my vehicle: (please provide copy or office will be glad to make copy)

Through _____ Insurance Company

Policy number _____

Valid through _____ (date)

4. Have completed the Protect My Ministry Registration. _____ Initial
(Need a minimum of 24 hours to complete prior to driving.)
Christ Schools requires this be completed every three years.
5. I understand that each child must be in a seat belt. _____ Initial
6. I understand that no child can ride in the front seat. _____ Initial

Driver's Signature _____ Date _____