

# The Howard School

## PARENT VOLUNTEER DRIVER FORM

A copy of this form must be on file in the school's office for any person not employed at The Howard School who volunteers to drive students to or from off-campus activities.

### 1. Automobile Insurance Information:

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_

Limits and Terms of Coverage:

Per Person \_\_\_\_\_ \$ \_\_\_\_\_  
Per Accident \_\_\_\_\_ \$ \_\_\_\_\_  
Combined Coverage \_\_\_\_\_ \$ \_\_\_\_\_

Personal Automobiles to be driven for off-campus activities:

- |    |                      |               |   |
|----|----------------------|---------------|---|
| 1. | _____                | _____         | _____                                       |
|    | Make/Year of Vehicle | License Plate | Number of Seat Belts Available for Students |
| 2. | _____                | _____         | _____                                       |
|    | Make/Year of Vehicle | License Plate | Number of Seat Belts Available for Students |

### 2. Driver's License Information:

California Driver's License Number \_\_\_\_\_

Date of Expiration \_\_\_\_\_

I consent to confidential DMV screening of my driving record.

The above insurance information is current and I agree to furnish the school office with any changes in the future.

**I understand that all children must be secured with a seatbelt in my vehicle at all times.**

Print: \_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_ Street Address City State Zip Code

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Signature Date