



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