

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 2019-2020

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 Lincoln 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 \_\_\_\_\_