TRUMBULL PUBLIC SCHOOLS
STUDENT/TEACHER/PARENT DRIVER FORMS

Use of a Privately Owned Vehicle

NAME _____TELEPHONE _____

ADDRESS _____SCHOOL _____

I am aware that I must have liability insurance coverage of $100, 000/$300,000 in order to be eligible to drive school children on field trips and that in the event of an accident, my liability insurance becomes primary – the town insurance will meet coverage where my insurance coverage terminates. Furthermore, I agree to comply with all laws relating to driving, including requiring the use of seat belts in my car. If I am a student, I will not take other students in my car unless it is allowed under the current law.

Student/Teacher/Parent Signature_____Date_____

Student's Age:_____ DOB:_____

Parent/Guardian Signature:_____
Signature of Parent/Guardian required if student driver is under18
or is over 18, but is not the owner of the vehicle being used.

Insurance Carrier_____ Date of Trip(s)_____

Policy Number_____

Expiration date:_____