FIELD TRIP BY PRIVATE VEHICLE FORM

Cardiff School District

Dear Parent/Guardian,

We scheduled the following student field trip. Please read, complete, and sign this form if you are able to assist with transporting students.

Date of Field Trip:
Field Trip Destination:
Time Transportation is Needed:
Time of Expected Return:

Parents must provide a declaration page from their provider showing the following minimum insurance requirements.

Bodily Injury	$100,000/$300,000 per accident
Property Damage	$50,000 per accident
Medical Payment	$2,000.00

Student Name: (Please Print)		
Parent/Guardian Signature:		
Date of Signature:		
Driver's License #:	State:	Expiration Date:
Insurance company:		
Effective Date:	Expiration Date:	
Policy #:		
Limits:		

_____ is the number of passengers (excluding driver) I can transport.

The number of passengers transported shall not exceed nine or more than legally permissible. Drivers shall place all children securely restrained in a back seat. Students shall not ride in the bed of pickups or vehicles not designated for passenger seating.

Please acknowledge and initial the following:

_____I understand the minimum transportation and insurance requirements stated above.

_____I understand there is no financial charge to the district for vehicle use.

_____**I have attached the declaration page of my insurance, which proves I meet the insurance requirements.**