

Grace Community School Volunteer Automobile Permission Form

This form may be kept valid for the entire school year in which it is signed.

I volunteer to drive my personal vehicle to transport students of Grace Community School to athletic events or field trips.

Name _____ Driver's License No. _____ Expiration Date _____
State _____ Make/Type of Vehicle _____ Year _____
Insurance Carrier _____ Agent _____ Phone _____
Policy # _____ Policy Exp. Date _____
Liability Limits (legally required) _____
Driving Restrictions _____

I certify that the above information is correct and that my insurance coverage is active. I understand that I must have active liability insurance coverage to be eligible to transport students. I agree to advise Grace School in writing of any changes to the above information.

Signature _____ Date _____
School office approval _____ Date _____

Note: If, while in the course of driving for a school event, you are involved in an accident, you are legally required to use your own insurance policy first. *Grace School is not liable for comprehensive and collision coverage for your vehicle nor do we provide coverage.*

ALL STUDENTS MUST WEAR SEATBELTS WHILE ON THE FIELD TRIP