



SAINT PATRICK PARISH

THE CATHOLIC COMMUNITY OF HUDSON, WISCONSIN

CATHOLIC SCHOOL

Driver Information Sheet: 2016-2017

ANY PARENT OR GUARDIAN WHO WILL BE DRIVING STUDENTS OTHER THAN THEIR OWN MUST FILL THIS FORM OUT AND TURN IT INTO THE OFFICE.

DRIVER #1

Name _____ Date of Birth _____
 Address _____ Driver's License # _____
 City, State, Zip _____ Date of Expiration _____

Vehicle That Will Be Used

Name of Owner _____ Model of Vehicle _____
 Address of Owner _____ Make of Vehicle _____
 City, State, Zip _____ Year of Vehicle _____
 License Plate # _____ Registration Expiration Date _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

Insurance Information

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____ Policy # _____
 Date of Policy Expiration _____ Liability Limits of Policy * _____

*** Please note: The minimal, acceptable limit for privately-owned vehicles is \$100,000 / \$300,000.**

Accident Record For Past 3 Years (Attach Sheet if More Space is Needed)

Dates	Nature of Accident (head-on, rear-end, etc.)	Fatalities (Yes/No)	Injuries
Last Accident:			
Next Previous:			

Traffic Convictions and Forfeitures For the Past 3 Years (Other Than Parking Violations)

Location (City & State)	Date	Charge	Penalty

Certification

I certify that information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature of Driver 1 _____ Date _____

OVER FOR DRIVER 2

DRIVER #2

Name _____

Date of Birth _____

Address _____

Driver's License # _____

City, State, Zip _____

Date of Expiration _____

Vehicle That Will Be Used

Name of Owner _____

Model of Vehicle _____

Address of Owner _____

Make of Vehicle _____

City, State, Zip _____

Year of Vehicle _____

License Plate # _____

Registration Expiration Date _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.**Insurance Information**

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____ Policy # _____

Date of Policy Expiration _____ Liability Limits of Policy * _____

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Certification

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Signature of Driver 2 _____ Date _____