Family's Last Name	

## SUZUME NO GAKKO DRIVER'S APPLICATION FORM

Dear Volunteer Driver:

Director.

Thank you for volunteering to serve as a driver for transporting students on field trips. By volunteering, you should know that you will be assuming certain responsibilities and possible risks. The following are required of all Suzume no Gakko volunteer drivers:

- 1. This completed Driver's Application Form must be on file with the Suzume no Gakko Director prior to the planned trip.
- 2. An insurance coverage of not less than \$100,000 each person and \$300,000 each occurrence for bodily injury, and \$25,000 property damage must be carried by the driver.
- 3. Each passenger must have and use their own seat belt.

Please	complete the following inform	mation:	
1.	Name of Driver	у	
2.	Name of Insurance Compar	y	
3.	Name of Insured as snown	on the Policy	
4.	Policy Number	Expiration Date	
5.	Insurance Coverage:	a. Bodily Injury (each person)	
		on the PolicyExpiration Date a. Bodily Injury (each person) b. Bodily Injury (each occurrence	e)
		c. Property Damage (each occur	rence)
		<ul> <li>d. Medical Payments (each pers</li> </ul>	son)
6.	Your Driver's License Numb	er I vehicle, excluding the driver's	Expiration Date
7.	Number of seat belts in your	vehicle, excluding the driver's	· ———
studen is a pos further either i	ts on field trips, I am exposin ssibility of an accident occuri understand that Suzume no	ing, and in the event of injury to a Gakko does not provide insurance to my personal automobile liabilit	issengers in my car. I realize there any of the occupants of my car, I be coverage for volunteer drivers
	read and understand the not st of my knowledge.	ce above, and declare that the in	formation I have provided is true to
Driver's	s Signature		Date

Please return this form to your child's teacher

If you have any questions regarding this procedure, please discuss them with the Suzume no Gakko