Parent Request to use Private Vehicle for Carden Arbor View School Field Trips

Student(s) _____ _____
Last Name First Name(s)

I. Parent's name _____ DL#/Expir. _____
Please Print

2nd Driver (optional) _____ DL#/Expir. _____
Please Print (DL's need to be verified by office personnel.)

II. Vehicle(s) to be used on field trips.

	1st Car	2nd Car
Make	_____	_____
Model	_____	_____
Year	_____	_____
Color	_____	_____
License #	_____	_____
Odometer reading	_____	_____
Front Passenger Air Bags:	Yes _____ No _____	Yes _____ No _____
Seat Belts	_____	_____

(Please indicate the number of seat belts available for students use, excluding driver. Do not count seat belts in front passenger seat for student use if an air bag is capable of activation in this passenger seat.)

III. Proof of Insurance (liability insurance of $100,000/$300,000 is recommended).

1st Car	_____	_____	_____
	Carrier	Amount	Expiration date
2nd Car	_____	_____	_____
	Carrier	Amount	Expiration date

(Proof of insurance needs to be on file in school office)

IV. Parent attended a driver orientation meeting on _____, verified by _____.

2nd driver attended a driver orientation meeting on _____, verified by _____.

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