

DRIVER VERIFICATION FORM

I certify that, as a driver of a private vehicle (non-district owned), transporting students to a school-sponsored function:

1. I possess insurance on the automobile being driven, including liability insurance. (A photocopy of my insurance information has been provided to the principal).
2. I possess a valid operator's license.
3. I will transport only that number of passengers for which the vehicle is designed (maximum of seven students).
4. The vehicle I will be driving is in good operating condition, particularly as it pertains to safety equipment (i.e., tires, lights, brakes, horn, windshield wipers, windshield visibility, heater and defroster).

I further certify that:

5. I have no physical condition or disability which will affect my ability to safely provide transportation for students to school-sponsored functions.
6. My driving record is devoid of any alcohol/drug-related violations.
7. My driving record reflects an accumulation of six points or less for traffic violations.

Furthermore, I understand that:

8. The Grand Blanc Community Schools assume no liability for accidents relating to my transportation of students to a school sponsored function.
9. The insurance coverage carried by the school district does not cover the driver, automobile or passengers.
10. The information provided by me in this statement is true and represents an accurate statement of my health condition and driving record.
11. I understand that this information will be kept confidential by the Grand Blanc Community School District.

Waiver

As an owner/driver of a vehicle providing private transportation for students to a school event, I hereby waive any and all claims against the school district for injuries or property damage which may occur.

Signature of Owner

Date

Signature of Driver (if different than owner)

I have reviewed this driver's statement _____.

Principal's Signature

Grand Blanc Community Schools

Volunteer Driver's Form

Drivers volunteering to transport students in the driver's personal automobile should sign this statement and attach photocopies of a valid Michigan Driver's License.

I am planning to furnish transportation for _____ (*number*) children from Grand Blanc Community Schools on the field trip to _____ on _____

I understand that my insurance coverage is the primary coverage in case of an accident and hereby waive any and all claims against the school district for injuries or property damage that may occur as a result of my voluntary undertaking to transport students. In the case of accident or injury to persons or to property, the school district assumes no liability and the school district's insurance may not cover the automobile driver (me) or my passengers.

Name of Insurance Company

Address of Insurance Company

Date of Insurance Expiration

Insurance Policy Number

Driver's Signature

Date

Driver's License Number