

**ST. JOSEPH
MONTESSORI SCHOOL**

VOLUNTEER DRIVER INFORMATION

Last name of child(ren): _____ Classroom(s): _____

Please initial each item below to verify information.

1. _____ I have a valid Ohio drivers license.
2. _____ I have a valid Ohio registration for the vehicle.
3. _____ My vehicle is insured for at least \$100,000 per person/\$300,000 per occurrence.
4. _____ I have completed required background check and Protecting Children class.

_____ SORRY, I do not wish to participate in the transportation of children.

I understand that I am required to have the above insurance coverage in effect on any vehicle used to transport students. I realize that it is my responsibility to notify the school if there is a change in any of the above information.

I will be responsible to see that each student being transported in my vehicle is wearing a seatbelt. All students who are in Middle School or younger will be transported in the back seat only.

In accordance with the permission slip specifications, I will refrain from making any unnecessary changes to the schedule while transporting students, e.g. stopping for ice cream.

I will follow the preferred route(s) to be traveled, if any.

I will refrain from smoking while students are in my car.

I will be responsible for seeing that I have been given the emergency medical form corresponding to each student assigned to my vehicle.

My/Our signature(s) certifies that the above information is true:

Parent: _____ **Date:** _____

Parent: _____ **Date:** _____