Catoosa County Public Schools

Information for Trip in Personal Vehicle

Driver Information:

Name	Address
Drivers License State and Number	City, State Zip
Insurance Company	Home Telephone Number
Insurance Expiration Date	Cell Phone

Driving Record:

Have you had an accident or moving violation in the past three (3) years? Y / N
If yes, please explain

I understand **that I** take responsibility and accept liability for the transportation of the students who will be riding with me while they are in my vehicle.

Driver's Signature: _____ Date _____

Vehicle Information:

Registration State and Tag Number	Make	Model
Owner (If same as driver, note "Same")	Owner Address	Owner City, State Zip

Travel Information:

Destination	Date

Student Name	Parent Name	Emergency Contact Phone