



Vehicle Registration 2016-2017 Academic Year

Parents participating as drivers for field trips must have this form on file.

Date _____

Please fill out the following information and attach a copy of:

Driver's License

Insurance Card

Driver's Name _____

Number of Children Who can be Transported Safely _____

Model and Year of Vehicle _____

License Number of Vehicle _____

Insurance Carrier _____

Policy Number and Expiration Date _____