

**TRAVERSE CITY AREA PUBLIC SCHOOLS**

**DRIVER/OWNER INFORMATION FORM**  
**FIELD TRIPS USING NON-DISTRICT OWNED OR OPERATED VEHICLES**

**Driver Information Section:**

I certify that as a driver of a private vehicle transporting students to a school sponsored function:

- A. I am at least eighteen (18) years old and have been a fully licensed driver for a period of at least one (1) calendar year.
- B. I currently possess a valid driver's license that does not have any legal restriction, limitation, or suspension associated or attached to it.
- C. I possess insurance coverage on the vehicle that I will be driving, including liability coverage in the amount of at least equal to the minimum required by the State of Michigan.

Insurance Company Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

License Number of Vehicle: \_\_\_\_\_

- D. I am not aware of any mechanical defect or problem with the vehicle that might make it unsafe for purposes of this trip.
- E. I agree to transport no more than the number of persons for which the vehicle is designed and insurance rated.
- F. I will make sure that all passengers utilize the available safety retraining system. I will transport only approved passengers.
- G. I will make sure that children under the age of thirteen (13) will ride properly belted in the rear passenger area only.
- H. I will make sure that all adult passengers are properly belted.
- I. I understand that I am in charge of this vehicle. I will see to it that no occupant consumes tobacco, alcoholic beverages, or illegal substances in or around this vehicle. I will see to it that no occupant possesses a weapon or firearm.
- J. This is a school-sponsored field trip. By signing this form I agree to abide by TCAPS Student/Parent Handbook expectations.

**SIGNATURE OF DRIVER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS OF DRIVER:** \_\_\_\_\_

**Vehicle Owner Authorization Section:**

I am the owner of the vehicle (make, model, and year): \_\_\_\_\_  
with \_\_\_\_\_ number of seat belt positions in the rear passenger area.

**If someone other than the vehicle owner is driving, please complete:**

I hereby authorize the following named individual, \_\_\_\_\_,  
to drive said vehicle, utilizing appropriate safety restraining systems, and adhering  
to manufacturer established passenger capacity limits.

I certify that I have read, understand, and completed the requested information from  
the "Driver Information" and the "Vehicle Owner Authorization" sections of this  
document.

**Signature of Vehicle Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address of Vehicle Owner:** \_\_\_\_\_

I have reviewed the information provided above.

**Signature of Principal** \_\_\_\_\_ **Date:** \_\_\_\_\_