

DRIVER AND/OR CHAPERONE INFORMATION

Please complete all sections that are applicable.

PART I: CHAPERONE AND DRIVER INFORMATION		
Chaperone or Driver's Name:	Cell Phone:	
Emergency Contact Name:		
Home Phone:	Work Phone:	Cell Phone:
PART II: DRIVER INFORMATION: FOR DRIVERS ONLY		
<input type="checkbox"/> Valid drivers license and expiration date (attach a copy)		
<input type="checkbox"/> Proof of insurance (attach a copy of your insurance card)		
<input type="checkbox"/> Vehicle Type, Make and Model:		
<input type="checkbox"/> License Tag Number:		
<input type="checkbox"/> Vehicle Owner:		
I certify that: (a) I have not been convicted of two or more traffic violations within the preceding 12 months; (b) I do not have two or more unresolved traffic violations in the preceding 12 months;(c) I have not been convicted of driving under the influence of drugs or alcohol in the preceding five (5) years; and (d) I do not have driving under the influence of drugs or alcohol charge pending.		
Driver Signature:	Date:	

NOTE TO DRIVERS OF PRIVATELY OWNED VEHICLES:

All students in privately owned vehicles (not buses) must be properly secured in an approved child safety seat, booster seat or safety belt no matter where the child is seated in the vehicle. Private vehicles must be equipped with factory installed lap belts and shoulder harnesses for each seat, and installed air bags for vehicle manufactured after 1998. All children aged eight or younger must be secured in a car or booster seats in compliance with the requirements of Virginia law.

NOTE TO TRIP SUPERVISOR:

Please fax a completed copy of this form and attachments to the APS Risk Management Office.