

PLEASE COMPLETE ONE FOR EACH CHILD

Child's Name:

Child's Grade:

PROOF OF INSURANCE STATEMENT

The insurance carrier of St. John's Lutheran School requests that all persons who drive for any school activity must have adequate insurance. St. John's requires coverage to be at least \$100,000 per person, \$300,000 per accident, and \$100,000 property damage. Please read, complete and sign the form below and return it to your child's teacher if you wish to serve as a driver on a field trip or for an athletic event. Should you not complete this form you will not be allowed to transport children, other than your own, to school events.

Thank you for your prompt response.

VEHICLE INFORMATION

| YEAR | MAKE | MODEL | # OF SEAT BELTS |
|------|------|-------|-----------------|
|------|------|-------|-----------------|

| YEAR | MAKE | MODEL | # OF SEAT BELTS |
|------|------|-------|-----------------|
|------|------|-------|-----------------|

DRIVER INFORMATION

Name of Driver _____ CA Lic# _____

Name of Driver _____ CA Lic# _____

INSURANCE INFORMATION

Name of Insurance Company _____ Phone # _____

Please indicate your public liability insurance coverage & policy numbers: Minimum insurance coverage to drive on field trips or athletic events is \$100,000 per person, \$300,000 per accident and \$100,000 property damage.

Vehicle One _____ / _____ / _____ Policy # _____

Vehicle Two _____ / _____ / _____ Policy # _____

Signature _____ Date ____ / ____ / ____