



**Driver's License/Vehicle Insurance  
Checklist/Validation Form**

(This form is required when transporting student on field trips in person or leased vehicles.)

**To Be Completed by the School:**

Date: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of the Trip: \_\_\_\_\_

\_\_\_\_\_

Number of Students to be Transported: \_\_\_\_\_

Trip Sponsor: \_\_\_\_\_

**To Be Completed by the Driver:**

Driver's Name: \_\_\_\_\_

Driver's Status:  Faculty/Staff  Parent  Other: \_\_\_\_\_

License Number & Expiration: \_\_\_\_\_

State: \_\_\_\_\_

Vehicle Manufacturer & Model: \_\_\_\_\_

Year Manufactured: \_\_\_\_\_

Vehicle Type: (check appropriate box)

- Passenger
- Car/Station Wagon
- Van/Mini-van (Must be manufactured in 1995 or later; have a FMVSS data plate affixed to door; and permanently install full-size seats for driver and all passengers.)

Note: Sports Utility Vehicles (SUVs), campers/recreational vehicles, multi-purpose vehicles (MPVs), motorcycles, and passenger vans designed to carry more than 10 people cannot be used for field trips.

**Vehicle Equipment:** (check all that apply)

- Factory-installed lap belts and shoulder harnesses for each seat (Mandatory)
- Air bags (Mandatory for vehicles manufactured in 1998 or later; vehicles manufactured before 1998 are not recommended for field trip use.)

**Vehicle Owner:** (check appropriate box)

- Privately Owned
- Leased

**Insurance Information:**

If Privately Owned:

Owner's Name: \_\_\_\_\_

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

Expiration of Policy: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

If leased: Attach an insurance certificate to this form indicating a minimum liability coverage of \$500,000 per accident.

**To Be Completed by the Principal:**

My signature below indicates that the data presented above has been verified by me, or a staff member appointed by me, and the vehicle and the driver meet the qualifications outlined in Regulation 642-1.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: A completed copy of this form will be presented to the appropriate Level Associate Superintendent along with the Field Trip Request. When the trip has been approved, the principal will provide a copy to the driver, vehicle owner, and the teacher/staff sponsor. A copy will be filed in the school office prior to the departure of the trip.



### Field Trip Permission

This form is required for all field trips.

**Important Directions:** (efficient preparation and distribution includes): (1) complete only ONE form per trip, (2) complete the school portion (first page) of form, (3) duplicate *one form per student*, and (4) send a copy home for the parent's and student's signature.

### To Be Completed by the School

#### Field Trip Plan:

\_\_\_\_ **Specific Trip**    \_\_\_\_ **Repeated Trips**

Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

Room: \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Destination: \_\_\_\_\_

Purpose: \_\_\_\_\_

#### Supervision: (Check one)

- Students will be directly supervised by adults on this trip.
- Students will be directly supervised by adults on this trip with the following exception(s). (If space is insufficient, attach itinerary with explanation regarding supervision.)  
\_\_\_\_\_

#### Transportation: (Check all that apply)

- Walking     School Bus     Commercial Carrier     Private Vehicle     None
- Leased Vehicle     County Vehicle

#### Drivers of Private or Leased Vehicles: (Check all that apply)

- Parent     Teacher/Staff Member     Other Adult

#### Approval of Principal:

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

**To Be Completed at Home**

**Student Agreement:**

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

**Parent Permission:**

I give permission for \_\_\_\_\_ to participate in the field trip(s)  
(Name of Student)  
described above. As the parent or guardian of \_\_\_\_\_, I understand and agree that in the  
event the Superintendent, or the Superintendent's designee, cancels our trip to \_\_\_\_\_ for  
any reason, we will not hold Prince William County Public Schools, the Prince William County School Board,  
or \_\_\_\_\_, or their employees or agents responsible for any  
(Name of School)  
reimbursements of monies paid or invested in this trip.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Distribution: One copy of this completed form will be sent from the Principal to Parent/Guardian, Teacher, and School Office.