

# St. Francis of Assisi Driver Verification Form

Occasionally parents and coaches are asked to drive students to and from events. This tends to happen mostly during athletics, however does occur with band and certain other school functions. We ask the each parent fill out the following information for our files in the school office. Please note that students should ABSOLUTELY NEVER be in a car with someone who is ) under the age of 21, b) without a valid driver's license, and c) without driver's insurance (a minimum of \$500,000 liability coverage is recommended by the Diocese).

Driver # 1 Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of vehicle: \_\_\_\_\_ (year/make/model)

Driver's Insurance Company: \_\_\_\_\_

Dates of Insurance Policy: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

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

Amount of Bodily Injury Insurance: \$ \_\_\_\_\_

I attest that the above information is accurate and timely to the best of my knowledge.

Signature: \_\_\_\_\_

Driver # 2 Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of vehicle: \_\_\_\_\_ (year/make/model)

Driver's Insurance Company: \_\_\_\_\_

Dates of Insurance Policy: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

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

Amount of Bodily Injury Insurance: \$ \_\_\_\_\_

I attest that the above information is accurate and timely to the best of my knowledge.

Signature: \_\_\_\_\_