



FIELD TRIP DRIVER'S LICENSE AND VEHICLE INSURANCE INFORMATION

(required when transporting students on field trips
in personal or leased vehicles)

Information on the driver and the driver's liability insurance is required for all personal and leased vehicles used to transport students (not applicable for school bus or commercial bus drivers or vehicles). This is an official FCPS document. Any falsification or misrepresentation may lead to disciplinary action for FCPS Staff or liability exposure for other drivers.

FIELD TRIP PLAN (to be completed by the trip organizer)

Specific Trip	Repeated Trip
Date	Explain
Destination	
Purpose	

DRIVER AND INSURANCE INFORMATION

PART I. DRIVER			
Name			
<input type="checkbox"/> Student	<input type="checkbox"/> Parent	<input type="checkbox"/> Teacher or Staff Member (Part II required)	<input type="checkbox"/> Other
Operator License Number	State	Expiration Date	
<input type="checkbox"/> I certify that I have a valid driver's license as indicated I certify that the vehicle I will use for this field trip: <ul style="list-style-type: none"> <input type="checkbox"/> is designed and manufactured to transport fewer than ten passengers <input type="checkbox"/> meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger car occupant protection standards (at the time the vehicle was manufactured) <input type="checkbox"/> has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified) 			
Driver Signature _____		Date _____	

PART II. FCPS STAFF ONLY	
<input type="checkbox"/> I understand and acknowledge that the validity of my license and my driving record may be reviewed by FCPS Human Resources <input type="checkbox"/> I have taken the online defensive driving tutorial offered by SafeSchools™ https://fairfax-va.safeschools.com/login	

PART III. INSURANCE	
Owner or Lessee of Insured Vehicle	
Insurer	
Vehicle Make	Model
Owner or Lessee Signature _____	Date _____

SCHOOL PRINCIPAL APPROVAL	
Principal Signature _____	Date _____