

Student Name

Knoxville Christian School

Transportation Permission and Release Form

Date of Birth

Grade

board the to	ds are	igned agreement, the teachers, Knoxville Christian School of Knoxville, Tennessee, and any and all of its governing absolved of any responsibility for the safety, welfare, health and well-care for children in their custody, subject to r's clear instructions. I assume personally and exclusively all responsibility and liability for accident, injury, etc. occur to the above-named student during the time of the activity.			
neces not li	Transportation Permission – Due to the many activities at KCS and our limited transportation capabilities, it may be necessary for parents, sponsors, coaches or teachers to transport students to and from school sponsored events including, but not limited to, class events, athletics, and field trips. This form must be completed by the parents or legal guardians of students who will be participating in Knoxville Christian School activities.				
		Circle all options that apply, sign, date and return to the school office.			
yes	no	My child holds a valid driver's license, and I hereby give my permission for him/her to drive his/her privately owned vehicle to or from an athletic practice, competition or other school sponsored event.			
yes	no	I hereby give permission for my child to ride with another (mark through any that do not apply) – student, parent, coach, sponsor, or teacher in a privately-owned vehicle to or from an athletic practice, competition or other school-sponsored event.			
yes	no	I hereby give permission for my child to ride on a school-owned or school-contracted bus, van or vehicle to or from an athletic practice, competition or other school-sponsored event.			
Parer	nt/Gu	ardian Signature Date			



Knoxville Christian School

Volunteer Driver Requirements and Registration

Dear Volunteer.

Your willingness to use your vehicle to transport students on a school-related function is very much appreciated. Our plan is to someday purchase a van that would be large enough to accommodate our students on most school related trips. At this time, however, it is necessary that we use private vehicles to transport our students.

To ensure the safety of all students, we are required to have our volunteer drivers meet the following conditions:

- Be at least 21 years of age and have a valid Driver's License that has not been suspended or revoked for any reason.
- Not have received any DUI violations (driving under the influence of alcohol or drug).
- Have no felony convictions.
- Have insurance coverage with a minimum of:
- \$100,000 per person/\$300,000 per occurrence for bodily injury, (\$500,000 for vehicle with more than 5 passengers)
- \$50,000 property damage per occurrence
- \$5,000 per person for medical payment
- Drive a safe vehicle and have as many passenger seat belts as passengers

VOLUNTEER DRIVER REGISTRATION

(In order to drive, you must complete this form)

I certify the above information is correct and the insurance coverage on the above vehicle is in force. I further certify that the above vehicle is mechanically safe. I authorize the School to check my driver's record. I understand that I must have liability insurance coverage in force in the amounts specified and agree to advise the School, in writing, of any changes in the above information. I further understand that, unless otherwise directed, I must proceed directly to and from the field trip destination, and that no unauthorized stop shall be made. I will respect and comply with all traffic and safety laws.

I understand that when driving my own vehicle on school related business, including field trips, and I am involved in an accident, my insurance is used first. The school insurance policy would be used only if my policy limits have been exceeded. I further agree that for any amounts exceeding both of these policy's limits, I will indemnify and hold harmless the school and its teachers, staff, and administrators from any and all liability, damages, claims, costs, and expenses resulting from or related to the use of my vehicle to transport students. The School does not cover, nor is responsible for, comprehensive and collision damage to my vehicle.

I have read and understood the Volunteer Driver Requirements and the Field Trip Policy. I have submitted a copy of my driver's license and insurance card.

Driver's Printed Name:		Date:		
Driver's License #:	State:	Birth Date:		
Insurance Policy Company:		Insurance Policy #:		
Driver's Signature:				
Number of students I can Transport:				
Employee Signature:				
(Only sign if a some of drivon's ligance and	l imassuman an annud serit	h acromosa that is acroivalent to shave is attached		

(Only sign if a copy of driver's license and insurance card with coverage, that is equivalent to above, is attached.)