

**SOUTH LYON COMMUNITY SCHOOLS
APPLICATION FOR PARENT DESIGNATED VOLUNTEER DRIVER**

I wish to assist the education of children in South Lyon Community Schools and therefore apply to become a volunteer driver to transport student(s) in a non-school owned vehicle to/from a school related event and as authorized by that student's parent/legal guardian. In return for authorizing my status as a parent designated volunteer driver, I make the following representations and commitments:

Driver's Name _____ Date of Birth _____
Address _____ Phone No. _____
Operator's License No. _____ License Expiration Date _____
License Restrictions _____
Vehicle/Make/Model/Year _____ Vehicle Owner _____
Vehicle Insurance Company _____ Policy No. _____
Policy Coverage Period _____ Liability Limit _____

1. I *have / have not* (circle one) been convicted of an alcohol/drug related driving violation in the past 10 years.
2. I currently have _____ points on my driving record for _____ (list citations/dates).
3. I will promptly report to the school principal any of the following which may occur after the application date.
 - a. Motor vehicle accident (regardless of whether the accident occurs while I am volunteer driving),
 - b. Suspension/revocation of my operator's license,
 - c. Change in the status of my motor vehicle insurance status, and
 - d. Change in my ability to safely drive a motor vehicle.
4. I will maintain, at all times, liability insurance which covers passengers in my vehicle while I am a volunteer driving a student to/from a school related event.
5. I understand that:
 - a. Damage to the owner's vehicle is not insured by South Lyon Community Schools.
 - b. In case of any insurance claim, the owner's vehicle insurance provides primary coverage and the general liability insurance of South Lyon Community Schools provides excess coverage, if any, pursuant to the limitations of the insurance contract.
6. I will maintain the vehicle in good working order so it can be safely operated.
7. I will not use a vehicle with a manufacturer's rated seating capacity of 11 or more passengers, including the driver, to transport a student to/from a school related event.
8. I agree to abide by the requirements of all applicable laws at all times during which I am engaged as a parent designated volunteer driver, including but not limited to, requiring each passenger to use a seat belt for the entire trip.
9. I will follow the exact route prescribed by school personnel for the trip.
10. I authorize South Lyon Community Schools to verify all information provided on this form.

I have read and understand the above requirements to be a parent designated volunteer driver and I agree to abide by these requirements.

Driver's Signature

Date

Administrator's Approval and Signature

Date

Photocopy attachments: **Operator's License** **Vehicle Insurance Card** **Vehicle Registration**

**SOUTH LYON COMMUNITY SCHOOLS
PERMISSION TO TRANSPORT STUDENT TO/FROM SCHOOL RELATED EVENT**

This form must be completed to authorize a parent/legal guardian volunteer to transport a student to or from a school related event as a parent designee.

To be eligible to transport a student to or from a school related event as a parent designee, District policy requires a volunteer to first complete an application which is kept on file at the District.

I am the parent/legal guardian of _____ who is in the _____ grade at _____ School. I authorize _____ as my parent designee to transport my student by motor vehicle to and/or from the following school related events.

Event	To	From	Location	Date
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Parent/Guardian Name (please print) _____
Date

Parent/Guardian Signature