



## Parent/Driver Field Trip Registration Form

Parent/Driver Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Model/Make of Car: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

\_\_\_\_\_ I have attached a copy of my current auto insurance card

\_\_\_\_\_ I have attached a copy of my driver's license

\_\_\_\_\_ I have attached a copy of my vehicle registration

\_\_\_\_\_ Maximum number of students transporting in vehicle with safety belts or booster seats (booster seats required for children under 8 years old or under 4'9" in height).

### **Media Policy for Field Trips**

Students are not allowed to bring cell phones, iPads, iPods, tablets, MP3 players, Game Boys, PSPs, portable CD players, video cameras or any DVD player. Drivers are asked to turn over any such electronic devices to the class teacher to be returned after the trip. Should a student need to contact a parent, they may ask the teacher or another adult to use the adult's cell phone.

**During travel, we ask that drivers refrain from playing any music in the car that would not be appropriate for a Waldorf classroom.** Students should be encouraged to read, listen to age-appropriate stories, play car games, sing appropriate songs, tell appropriate stories (no ghost stories), and generally engage with each other. **We ask that drivers not allow students to wear any headphones, play any sort of portable game or to watch any movies.**

\_\_\_\_\_ I agree to support the above media policy (please initial)

### **CERTIFICATION OF LICENSE AND AUTOMOTIVE LIABILITY COVERAGE**

I, as an employee/volunteer of Waldorf School of DuPage, do hereby certify that I have been duly licensed to drive an automobile by the state of \_\_\_\_ and I have in effect and will maintain automobile liability coverage on my personal vehicle in the form of insurance in an amount equal to, or more than the following:

- not less than \$100,000 because of bodily injury to or death of any person in any one motor vehicle accident.
- not less than \$300,000 because of bodily injury to or death of two or more persons in any one motor vehicle accident.
- not less than \$100,000 because of injury to or destruction of property of others in any one motor vehicle accident.

I further agree to notify the Waldorf School of DuPage Administration in the event my Illinois driver's license is revoked, suspended, expired, or if I fail to have in effect automobile liability coverage as stated above.

Parent/Driver signature: \_\_\_\_\_ Date: \_\_\_\_\_