

# Christian Victory Academy of Central Florida, Inc.

## Student Activity Driver Agreement

If you think you will ever participate in a school activity as a driver, please fill out this form and return it along with the other required documents and fee to the office during the first week of school.

School year: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number of years driving: \_\_\_\_\_

I can drive and take \_\_\_\_\_ passengers in the back seat with seat belts.

Automobile liability insurance company: \_\_\_\_\_

Amount of Liability Insurance carried: \$ \_\_\_\_\_  
(Higher limits than minimum are strongly preferred)

Expiration date of policy: \_\_\_\_\_

Have you ever been involved in a vehicular accident or been issued a ticket in the last three years? Y/ N

If YES, please give details of each incidence: \_\_\_\_\_

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1. All children under 12 years of age must be in the back seats only.
  2. Everyone in the vehicle must wear seatbelts.
  3. Do not make any unscheduled stops to stores, fast food restaurants, banks, gas stations, etc.
  4. Use of cell phone while driving is prohibited.
  5. All persons accompanying a school activity trip must refrain from smoking.
  6. Parent and/or students are not to bring any other children or fellow students on a school field trip unless prior approval is given.

I understand I need to provide a copy of my driver's license and insurance card.

I understand I need to fill out and return the EDGE background form along with the \$50 filing fee.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form and return it along with a copy of your driver's license and insurance card to the CVA office prior to volunteering to drive students on behalf of Christian Victory Academy of Central Florida, Inc.

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Office Use Only: Completed form: \_\_\_\_\_ DL: \_\_\_\_\_ Insurance Card: \_\_\_\_\_ \$50: \_\_\_\_\_