

**ARLINGTON PUBLIC SCHOOLS**  
**Driver and/or Chaperone Information**  
*Please complete all sections that are applicable.*

Date(s) of Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

**PART I: CHAPERONE AND DRIVER INFORMATION**

Chaperone or Driver's Name: \_\_\_\_\_ Cell Phone Number (    ) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ home (    ) \_\_\_\_\_ work (    ) \_\_\_\_\_

**PART II: DRIVER INFORMATION**

For Drivers Only:

- Valid drivers license and expiration date (attach a copy)
- Proof of insurance (attach a copy of your insurance card)
- Vehicle Type, Make and Model: \_\_\_\_\_
- License Tag Number: \_\_\_\_\_
- Vehicle owner: \_\_\_\_\_

I certify that: (a) I have not been convicted of two or more traffic violations within the preceding 12 months; (b) I do not have two or more unresolved traffic violations in the preceding 12 months;(c) I have not been convicted of driving under the influence of drugs or alcohol in the preceding five (5) years; and (d) I do not have driving under the influence of drugs or alcohol charge pending.

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Driver Signature

Date

**NOTE TO DRIVERS OF PRIVATELY OWNED VEHICLES:** All students in privately owned vehicles (not buses) must be properly secured in an approved child safety seat, booster seat or safety belt no matter where the child is seated in the vehicle. Private vehicles must be equipped with factory installed lap belts and shoulder harnesses for each seat, and installed air bags for vehicle manufactured after 1998. All children aged eight or younger must be secured in a car or booster seats in compliance with the requirements of Virginia law.

**NOTE TO TRIP SUPERVISOR:** Please fax a completed copy of this form and attachments to the APS Risk Management Office.