

Family Last Name _____	Student(s) First Name(s) _____
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Please provide a copy of your current Auto Insurance and Driver's License to ensure the safety and protection of you, the driver, and the students riding as passengers in your private passenger vehicle.

This form and a copy of your documents can be submitted the following ways:

1. In-person: bring copies of your DL and insurance or have copies made in the office; bring this signed form to the office.
2. Scan and email your DL, auto insurance and signed form to ebrown@saintcatherinewichita.com
3. Mail a copy of your DL, auto insurance, and signed form to St. Catherine of Siena Catholic School, 3660 N Ridge Rd, Wichita, KS 67205.
4. Fax a copy of your DL, auto insurance, and signed form to 316-719-2930.

The following items are guaranteed to be true statements:

1. I am the owner of the volunteered private passenger vehicle or I have proper permission to use the volunteered passenger vehicle.
2. I certify that the volunteered passenger vehicle is roadworthy.
3. I am familiar with and obey all laws governing the use of passenger vehicle.
4. I am aware that the safety of all passengers in the vehicle is of the utmost importance; therefore all will be wearing a seatbelt.
5. The passenger vehicle is insured per Kansas Law.
6. I am legally an adult (age 18).
7. I am in agreement with the safety standards that specify all children ages 4, 5, 6, and 7 are required to ride in a booster seat *unless*:

- *the child weighs more than 80 pounds, or*
 - *the child is taller than 4 feet 9 inches, or*
- Children who meet the above height and weight criteria must be protected by a seat belt.

By my signature below, I agree that the above statements are true to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

For Office Use Only

Auto Insurance Company: _____

Policy Number: _____

Expiration Date: _____

Driver's License Number: _____

Renewal Date: _____