



Christian Academy School System

Authorization Form for Motor Vehicles Record Check

ALL INFORMATION IS REQUIRED

The privilege to drive students on field trips is subject to the discretion of Christian Academy Administration. If you have two or more violations on your driving record, you will not be eligible to drive.

Campus ES RC SW CAI Grade Level _____

Send Result Notification to: _____

Event (Field trip, game, etc.) _____

First date you will drive _____

NAME:

Last _____ First _____ Middle _____
(Name as appears on driver's license – no nicknames)

Date of Birth _____ Social Security # _____

Driver's License Number _____ DL Exp. Date _____

State of Issue _____

HOME ADDRESS:

Street _____

City _____ State _____ Zip _____

Student's Name _____

PROOF OF PERSONAL AUTOMOBILE INSURANCE:

Name of Insurer _____

Policy Number _____

I understand, for insurance and liability purposes, involvement in an accident or traffic violation after this MVR check is completed requires reporting the incident within 24-48 hrs. to Human Resources – English Station Campus.

I authorize Christian Academy School System to obtain driver's license information from any state or jurisdiction that I have been licensed to drive motor vehicles and to share this information with the appropriate school officials.

Signature _____ Date _____