

Field Trip Vehicle Record

I agree to drive my private vehicle on field trips, transporting Children's Montessori Center students:

Make	Model	Plate Number
Driver's License Number	Expiration Date	State
Vehicle Insured by:		

By signing this form, I agree that:

1. My vehicle is currently insured by a policy issued through an insurance company licensed by North Dakota or Minnesota, and the policy provides at least the minimum coverage required by law.
2. My vehicle was manufactured for the purpose of transporting human beings seated in an enclosed area.
3. My vehicle's seats are attached to the floor and have working seatbelts.
4. My vehicle meets the safety standards set by the Department of Motor Vehicles and is kept in satisfactory condition to assure the safety of our children.

Signature _____ Date _____