

FIELD TRIP STATEMENT OF UNDERSTANDING

Date: _____

I certify that as a driver of a private vehicle (non-district owned) transporting students to a school-sponsored function:

- _____ 1. I am over 18 years of age.
- _____ 2. I possess insurance on the automobile being driven, including liability insurance.
- _____ 3. I possess a valid operator's license.
- _____ 4. I will transport only that number of passengers for which the vehicle is designed.
- _____ 5. There are operable seat belts for each passenger in my care.

I further certify that:

- _____ 5. I have no physical condition or disability, which will affect my ability to safely provide transportation for students to/from this school-sponsored function.
- _____ 6. My driving record is devoid of ANY alcohol-related violations.
- _____ 7. My driving record reflects an accumulation of six points or less for traffic violations.

Further more, I understand that:

- _____ 8. The Dearborn Public Schools assume no liability for accidents related to my transporting students to or from a school-sponsored function.
- _____ 9. The insurance coverage carried by the school district may not cover the driver, automobile or passengers.
- _____ 10. The information provided by me in this statement is true and represents an accurate statement of my health condition and driving record.
- _____ 11. I understand that this information will be kept confidential by the Dearborn School District.

WAIVER

As an owner-driver of vehicle providing private transportation for students to a school event I hereby waive any and all claims against the school district for injuries which may occur.

Signature of Driver _____

Date _____

I have reviewed this driver's statement.

Signature of Administrator: _____

ADMINISTRATIVE SERVICE CENTER
18700 Audette
Dearborn, MI 48124
313-827-3002



Volunteers and Chaperones
Criminal Conviction History Form

I understand that as a Volunteer and/or Chaperone of the Dearborn Public Schools I am subject to a criminal conviction history check to ensure the safety of all children.

I understand that the information below is required by Dearborn Public Schools to conduct a criminal conviction history check using the Michigan State Police Internet Criminal History Tool (ICHAT). I authorize Dearborn Public Schools to utilize this information for the sole purpose of obtaining a conviction-only history file search. All information received will be held in confidence with results viewed only by the Director of Human Resources.

Name: _____
 (Please Print) Last Name Maiden Name/Other First Name MI

Date of Birth: ____/____/____ Sex: _____ Race: (Please choose one)

- White
- Black
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Unknown/Other

Driver's License #: _____

Please list all of your children who are enrolled in Dearborn Public Schools.

Student's Name	School Building	Grade/Class
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- I agree to abide by all Board policies and District guidelines while on duty as a volunteer.
- I agree to give the Dearborn Public Schools the right to use ICHAT and/or fingerprinting for the sole purpose of obtaining a conviction-only history file search.
- I will release the District of any obligation should I become ill or receive an injury as a result of my volunteer service.

 Signature Date

PLEASE HAVE SIGNATURE WITNESSED BY PRINCIPAL OR PRINCIPAL'S DESIGNEE.
PHOTO COPY OF DRIVER'S LICENSE MUST BE ATTACHED TO THIS FORM.

Witness: _____
 Signature Date

Witness Name: _____
 Please Print