



## CONCORDIA LUTHERAN SCHOOL AUTO INSURANCE FORM

Please complete this form for the current field trip if you will be providing transportation. You must have this form on file with the teacher prior to the field trip along with a background check that was completed at the beginning of the school year.

Date: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Driver's cell #: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last First Grade

Child's Name: \_\_\_\_\_  
Last First Grade

Name of Insurance Carrier: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Insurance Agent: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Type of Insurance: (check one)  Liability Coverage  Personal Injury Protection

Expiration Date: \_\_\_\_\_

Make/Model of Vehicle #1 \_\_\_\_\_

Make/Model of Vehicle #2 \_\_\_\_\_

\_\_\_\_\_  
Parent Signature