CORAL SPRINGS HIGH
SCHOOL NAME

Annual Student Volunteer Driver Authorization Form

_____ **School Year**

Student Vehicle Authorization

Parent Approval

Student's Name_____

Address: _____

Phone: _____

Please check the proper boxes.

Yes	No	
☐	☐	Student has a valid Florida Drivers License
☐	☐	Student has auto liability insurance in accordance with Florida Law

Florida Statute 324.021 requires PROOF OF FINANCIAL RESPONSIBILITY - That proof of ability to respond in damages for liability on account of accidents arising out of the use of a motor vehicle:

a. In the amount of $10,000 because of bodily injury to, or death of, one person in any one accident.

b. Subject to such limits for one person, in the amount of $20,000 because of bodily injury to, or of, two or more persons in any one accident.

c. In the amount of $10,000 because of injury to, or destruction of, property of others in any one accident.

During the _____ school year I hereby attest the statements made above are true and I authorize my student to act as a volunteer driver for all school sponsored field trips.

Drive own car ☐ Drive family car ☐
Drive car & carry passengers including fellow students ☐

_____ _____
Signature of Driver Signature of Parent

*NOTE: Maximum capacity is one (1) person per seat belt. No motorcycles/scooters/mopeds/van permitted as transportation.

FORM # 4328
W18862 10/91

White - School Yellow - Parent Pink - District