



The Canterbury Episcopal School  
1708 N. Westmoreland Road ▪ DeSoto, TX 75115

**2010 – 2011 FIELD TRIP DRIVER INFORMATION SHEET**

*Please complete for all students attending CES and for each parent/guardian planning to drive on field trips.*

**Please Print or Type**

Student (1) \_\_\_\_\_ Grade \_\_\_\_\_  
Student (2) \_\_\_\_\_ Grade \_\_\_\_\_  
Student (3) \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name (1) \_\_\_\_\_  
*(Please Print)*

Parent/Guardian Name (2) \_\_\_\_\_  
*(Please Print)*

**Copy of Driver's License (please attached)**

Driver - Name (1): \_\_\_\_\_ Driver - Name (2): \_\_\_\_\_  
License Number \_\_\_\_\_ License Number \_\_\_\_\_  
Any restrictions? \_\_\_\_\_ Any restrictions? \_\_\_\_\_

**Has your Driver's License ever been suspended or revoked?**

Driver (1): \_\_\_\_\_ Driver (2): \_\_\_\_\_

**If yes, please provide dates of suspensions/revocations on an attached sheet of paper.**

- Copy of Current Vehicle Insurance (please attach)
- Number of seat belts in vehicle (excluding front seat) Car (1) \_\_\_\_\_ Car (2) \_\_\_\_\_
- Parent/Volunteer Release Authorization-- For the protection of your child and all Canterbury Students, CES will run a standard background check including driving record. To do this check a standard release form is required for each driver. Please complete the following:

**Parent/ Volunteer Release Authorization**

- I. In connection with my application for my volunteer position at \_\_\_\_\_ C.E.S. \_\_\_\_\_ (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment. I understand that in compliance with applicable law and as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about, but not limited to, my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment or volunteer work.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

**CONTINUED ON THE BACK**

- IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by C.E.S (the Company) or its agent, to furnish the information described in Section I.
- V. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to C.E.S. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

### Parent/Guardian 1

Please print your full name      LAST                      FIRST                      MIDDLE

Please print other names you have used

Home Address                                      City                      State                      Zip Code

Social Security Number                      Date of Birth (FOR IDENTIFICATION PURPOSES ONLY)

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex:  Male  Female      Race:  Asian  Black/African American  Hispanic/Latino  White  Other

Driver's License Number                      State Issuing License                      Name as it appears on license

**I PROMISE THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT DISHONESTY WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE FIRED.**

**Signature**

**Date**

### Parent/Guardian 2

Please print your full name      LAST                      FIRST                      MIDDLE

Please print other names you have used

Home Address                                      City                      State                      Zip Code

Social Security Number                      Date of Birth (FOR IDENTIFICATION PURPOSES ONLY)

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex:  Male  Female      Race:  Asian  Black/African American  Hispanic/Latino  White  Other

Driver's License Number                      State Issuing License                      Name as it appears on license

**I PROMISE THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT DISHONESTY WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE FIRED.**

**Signature**

**Date**

\_\_\_\_\_ Enclosed is \$30.00 fee per driver for payment of the Records Check.

\_\_\_\_\_ I would like Canterbury to pay the fee for the Records Check

**Please attach copies of current Motor Vehicle Insurance card and Driver's License to this form.**