



DRIVER INFORMATION

School Year _____ - _____

This form must be filled out by drivers who transport FHS students to and/or from school related events. It will be kept on file in the office for the entire school year. Please remember, in the event of an accident, your insurance company will be primary (billed first) and then Faith Heritage School’s insurance company would be secondary.

Name (Print) _____ Cell Phone (_____) _____ - _____

Auto Insurance Company _____ Expiration Date: _____

Please provide a copy of the following documents:

_____ Driver’s License

_____ Proof of Insurance

I hereby verify that the above information is accurate and that my auto insurance meets state minimum requirements. **If any of the above information should change, I will notify Faith Heritage School immediately.**

I understand my liability for transporting students in my vehicle. I agree that while transporting Faith Heritage students to and from any school related activity, I will follow vehicular capacities, general rules of the road and all state laws regarding vehicle use including NYS seat belt laws as follows:

“Every child under age 16 in the vehicle must use a safety restraint. A child of age 4, 5, 6 or 7, must use a booster seat with lap and shoulder belt or a child safety seat (The child and safety restraint system must meet the height and weight recommendations of the restraint manufacturer.)”

I understand that a background check may also be needed if one is not currently on file.

Signature _____ Date: _____

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