



# Clarenceville School District

*of Oakland and Wayne Counties*

20210 Middlebelt Road  
Livonia, Michigan 48152  
(248) 919-0400  
Fax (248) 919-0430  
www.clarenceville.k12.mi.us

Building Futures Since 1837

## Clarenceville School District Chaperone / Driver Form

School Building Name		Form Due Date	
Chaperone/Driver Full Legal Name			
Chaperone/Driver Date of Birth		Gender M _____ F _____	
Chaperone/Driver Cell Phone Number			
Student's Name		Relationship to Student	
<b>SCHOOL FIELD TRIP DETAILS</b>			
Destination			
Date(s) of Trip			
Time of Trip			
Cost of Trip		___ There is no Cost      ___ The cost of the trip is _____	
Field Trip Non-Driving Chaperone Transportation		___ Clarenceville School Bus    ___ Commercial Bus    ___ Private Vehicle    ___ Walking ___ Other – Specify: _____	
Bring a Bag Lunch		___ No      ___ Yes	
<b>FIELD TRIP CHAPERONE</b>			
<b>Please write your initials in the box next to each statement below that is correct.</b>			
<input type="checkbox"/>	I have completed and submitted Clarenceville School District iCHAT form	<input type="checkbox"/>	I agree to enforce the rules as outlined in the Clarenceville Student Code of Conduct,
<input type="checkbox"/>	I will refrain from the use of tobacco products including vaping during the field trip.	<input type="checkbox"/>	I am 21 years of age or older and/or the parent of child attending the field trip
<input type="checkbox"/>	I agree to wear appropriate attire as an example to the students for field trip events	<input type="checkbox"/>	I will adhere to and will not deviate from the scheduled itinerary
<input type="checkbox"/>	I agree to hold the Clarenceville School District, and its employees, and agents, harmless from all damages, costs, and attorney fees incurred as a result of any injury or damages during the course of this field trip.		
<b>FIELD TRIP DRIVER - A copy of your driver's license must be submitted with this form.</b>			
Type of Vehicle:		# of Seatbelts:	
License Plate #:		Name of Insurance Co.:	
<b>Please write your initials in the box next to each statement below that is correct.</b>			
<input type="checkbox"/>	The vehicle I will be driving is in proper working condition	<input type="checkbox"/>	I am 21 years of age or older and/or the parent of child attending the field trip
<input type="checkbox"/>	I am covered by a no-fault insurance policy as required by the State of Michigan	<input type="checkbox"/>	I have not received a moving violation traffic ticket during the year prior to the date of the field trip.
<input type="checkbox"/>	I have a valid driver's license	<input type="checkbox"/>	I have completed and submitted Clarenceville School District iCHAT form
<input type="checkbox"/>	I will abide by all driving laws, refrain from ALL cell phone usage, and will not use tobacco (including vape), consume drugs or alcohol while driving on the field trip.		
<input type="checkbox"/>	I will ensure that any child riding in my car; A. Who is less than 4 years old is properly secured in a child restraint seat / booster seat B. Who is 4-7 years of age and less than 4ft 9in is properly secured in a child restraint seat/ booster seat C. Who is 8 years of age or older is properly secured in a safety belt.		
Chaperone/Driver Name – Print		Date	
Chaperone/Driver Signature		Day Phone	