



DRIVER QUESTIONNAIRE

The purpose of this form is to assure that the students of Victory Christian Academy are transported in a safe and responsible manner. Anyone who will be involved in chauffeuring students for school related activities, such as field trips, must complete a copy of this form. This must be done each school year and must be returned prior to driving for an event.

The contents of this form will be kept strictly confidential. Your cooperation in complying with this request is greatly appreciated.

PERSONAL

Name: _____ Age: _____ Sex: _____

Address: _____ Phone #: _____

Have you ever had a heart attack, a stroke, or a seizure? _____

If so, please explain: _____

Do you have any illness or physical limitation which would or could interfere with your operation of an automobile? _____ If so, please explain: _____

VEHICLE

License Plate No.: _____ What kind of car do you drive? _____

What state of repair is this car in? _____ Operator's license No.: _____

Auto Ins. Co.: _____ Do you carry liability insurance: _____

If so, state policy limits: _____

TRAFFIC RECORD

Have you had any traffic violations (tickets) in the last five years? _____

If so, state date and type of violation for each: _____

Have you had any accidents in the last five years? _____

If so, explain: _____

DATE: _____ **SIGNATURE:** _____