



SHALOM SCHOOL . בית ספר שלום

INSURANCE VERIFICATION FORM

Dear Parent:

Thank you for volunteering to serve as a driver/chaperone for field trips. Our insurance company requires that we verify that all of our parent drivers have up-to-date auto insurance (including liability). Please fill out this form and return it to the school office **ONE WEEK prior to the field trip date**. We also need a copy of your current driver's license and insurance card. We will keep all of this on file until it expires. If you have any changes in your policy (changes of insurance, expiration, renewal, etc.) please bring the updated insurance information to the front office.

We appreciate your cooperation.

Sincerely,

Nancy Leaderman
Head of School

INSURANCE VERIFICATION

NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____

INSURANCE COMPANY: _____

POLICY#: _____

TERM OF POLICY: _____ TO: _____

I hereby affirm that I have a valid driver's license and up-to-date automobile insurance (including liability) and am including a copy of each with this form. I will be responsible for the children that I transport in my car.

SIGNED: _____ DATE: _____