



SCA Activity Driver Application for 2017-2018 School Year

In order to ensure the safety of our students, it is school policy to obtain a driver application each school year for all parents. Complete the form and bring with you to Parent Orientation with your valid driver's license. Thank you for your compliance.

For Office Use ONLY
DL #:

Exp. Date:

Name: _____

SCA Parent

SCA Staff

<input type="checkbox"/> Other: _____ (complete address/phone information below)
Street: _____ City: _____ State/Zip: _____
Home phone: _____ Cell phone: _____

Driving Record

Are you at least 21 years of age? Yes No

During the past 3 years:

- Have you been involved in any accidents in which you were charged? Yes No
If yes, how many? _____ Date(s): _____
- Have you been charged with any moving violations? Yes No
If yes, how many? _____ Date(s): _____
- Have you been convicted of DUI or DWI? Yes No
- Has any company ever cancelled or refused you auto insurance? Yes No
- Has your driver's license ever been revoked, suspended or restricted? Yes No
- Do you have any physical impairments (other than corrective lenses for sight) that affect your ability to drive? Yes No

If you answered yes to any of these questions, please explain in detail on the reverse side of this application.

I certify that I have liability insurance with personal injury (a minimum of \$100,000 for one person and \$300,000 per accident) and property damage (a minimum of \$50,000) on all vehicles I will use to transport others on behalf of Summit Christian Academy. I will MAINTAIN this insurance during the entire school year on this application.

Further, I certify that all information on this application is true to the best of my knowledge.

Signature of applicant: _____ Date: _____

Accepted Denied for the following reason: _____

Office Manager Signature: _____ Date: _____

