



# Tree of Life Learning Center

701 Marolf Loop Rd  
Tillamook, OR 97141  
503-842-6555

## NEW STUDENT REGISTRATION PACKET

Thank you for considering Tree of Life Learning Center for your student's education. If you have any questions regarding the application process please do not hesitate to call the office.

### Application Procedures

1. Complete all parts of the application, including obtaining required reference forms. Bring the completed packet in to the school office or mail to the address above. Please include the following:
  - a. A copy of your student's most recent report card and achievement test
  - b. A copy of your student's transcript (high school students)
  
2. Our staff may call you to schedule an appointment with our staff for a personal student and family interview. This is a time when prospective students and their parents meet with Tree of Life Learning Center's administrator to clarify the goals of the school as well as the educational goals of the family. This will assist in determining if TLLC is an appropriate fit for your family's needs.

*Please be reminded that the application process is not a guarantee of admittance. Families will be notified as soon as possible after all forms and steps have been completed. Upon acceptance, payment of registration fees will then secure enrollment.*

Upon acceptance, fees must be paid and tuition arrangements must be made with staff before student can attend classes.

### Statement of Non-Discrimination

Tree of Life Learning Center admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic, and other school-administered programs.

# NEW STUDENT REGISTRATION

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

## Father's Information

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

SSN (Optional): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

## Mother's Information

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN (Optional): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

## Spiritual Information

Name of Church Attending: \_\_\_\_\_

Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

What kind of spiritual training have you or do you provide for your children in your home?

\_\_\_\_\_  
\_\_\_\_\_

What goals do you have in mind for the training and development of your child(ren) as individuals?

\_\_\_\_\_  
\_\_\_\_\_

Is your child receptive to biblical teaching? \_\_\_\_\_

**Student Information**

Student's Name: \_\_\_\_\_  
*(Full legal name) Last First Middle Name*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_  Male  Female

Last School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

**Student lives with:**

Both Parents  Father Only  Mother Only  Father/Step-Mother  Mother/Step-Father

Guardian  Father Deceased  Mother Deceased

**Ethnic Background** (for statistical use only):

White  Black  Native American/Alaskan Native  Asian or Pacific Islander  Hispanic  Other

**Scholastic Information**

Has your child ever been suspended, dismissed or refused admission to another school? \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Did your student have any disciplinary problems in his/her previous school?  Yes  No

Has student ever skipped a grade:  Yes  No Ever repeated a grade?  Yes  No

If calling your previous school, what comments could we anticipate?

Good Student \_\_\_\_\_

Discipline Problem \_\_\_\_\_

Learning Disabilities \_\_\_\_\_

**Medical Information**

Are there any unique factors in your child's life? (Absence of father or mother, adoption, grandparents in the home, unusual accident or serious illness, any disability.) \_\_\_\_\_  
\_\_\_\_\_

Does your child have any limitations which would hinder him/her from normal progress in a regular classroom situation?

Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is your child currently taking any regular medication?  Yes  No Explain: \_\_\_\_\_  
\_\_\_\_\_

Please list any other information which you feel would be helpful? \_\_\_\_\_  
\_\_\_\_\_

**STUDENT QUESTIONARE** *To be filled out by the student grade 6 and above:*

Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Do you, yourself, want to attend Tree of Life Learning Center?  Yes  No  Unsure

**Tell us a brief description about yourself:** \_\_\_\_\_

1. Have you received Jesus Christ as your Savior?  Yes  No  Unsure

2. Do you go to church regularly?  Yes  No Do you go to Sunday School regularly?  Yes  No

Where do you attend? \_\_\_\_\_ Are you a member of a youth group?  Yes  No

3. Which subject in school do you like best? \_\_\_\_\_ Why? \_\_\_\_\_

Which subject is most difficult for you? \_\_\_\_\_ Why? \_\_\_\_\_

Have you ever been on Honor Roll? \_\_\_\_\_

4. Do you plan to go on to college or trade School?  Yes  No  Unsure

What courses of study are you interested in? \_\_\_\_\_

5. How often do you read for enjoyment? \_\_\_\_\_

6. How much time do you spend watching TV? Average number of hours daily. \_\_\_\_\_

7. Do you have a job after school or week-ends?  Yes  No How many hours? \_\_\_\_\_

What is it? \_\_\_\_\_ 8. Are most of your friends Christians?  Yes  No

9. Have you ever used tobacco?  Yes  No Illegal Drugs?  Yes  No Alcoholic Beverages?  Yes  No

*(If there is a "yes" answer, please explain fully. If more space is needed, please use another sheet of paper.)*

**Student Commitment**

I realize that Tree of Life Learning Center is a Bible-based school. With that knowledge and my present understanding, I make the following commitment:

*In School I will...*

1. Respect all God-established authority, especially teachers and staff members of the school.
2. Obey all school regulations with a sincere desire to cooperate and not with mere outward formality.
3. Diligently do the assigned school work to the best of my ability. Assignments will be turned in with promptness and care.

*Outside School I will...*

1. Live a Christian life to the best of my ability.
2. Not use tobacco, alcohol, or illegal drugs.
3. Avoid worldly misuses of the boy-girl relationship.

By my signature below, I certify that I have answered the above questions honestly completely. I further realize that attendance at Tree of Life Learning Center is a privilege and I will do my best to obey all school rules and policies. I understand that failure to keep these commitments may result in exclusion from TLLC.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT PICK-UP/DROP-OFF AUTHORIZATION FORM:**

I authorize the following people to pick my child(ren) up when school is dismissed. Please include yourself or other parents who may pick up. All names listed will be able to pick up and drop off your children. If a name is not on this list, TLLC staff will NOT be releasing any child to the individual.

Please list authorized persons by NAME, RELATIONSHIP, PHONE NUMBER

**The following have authorization to pick up my child:**

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All Students must be dropped off/picked up by a parent, guardian or authorized person. All persons authorized to pick up must be at least 16 years of age and be able to present a photo ID if additional identification is needed. If all authorized persons have been exhausted a phone call to TLLC staff must be received at least 1 hour prior to pick up.

I understand and agree to the authorized drop-off/pick-up policy.

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Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

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Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_  
*Last, First*

**FOR OFFICE USE ONLY**

- NO MEDICATIONS
- ACETAMETOHPIN
- IBUPROFEN
- HIGHER DOSAGE  
PERMITTED

Staff Checked By Date: \_\_\_\_\_

## Tree of Life Learning Center

### PARENTAL PERMISSION FOR ADMINISTERING PAIN RELIEVER

Student's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Please check below which dosage you give consent for them to receive from the office:

#### **Grades 6-12**

\_\_\_\_\_ **Regular strength** Acetaminophen (Tylenol) Adults and Teens (ages 12 and over)

Student will receive: **1 tablet = 325 mg per tablet**

\_\_\_\_\_ Higher dosage: **2 tablets = 650 mg total**

\_\_\_\_\_ Ibuprofen (Advil) Adults and Teens (ages 12 and over)

Student will receive: **1 tablet = 200 mg per tablet**

\_\_\_\_\_ Higher dosage: **2 tablets = 400 mg total**

\_\_\_\_\_ **NO!! DO NOT DISPENSE ANYTHING TO MY CHILD WITHOUT MY PRIOR CONSENT.**

I hereby grant permission to Tree of Life Learning Center to seek medical treatment for my child in the event such treatment is deemed necessary and for my child to be transported by an emergency vehicle to a medical facility for treatment.

**Consent for Hospital and/or Physician's Care:**

Child's Name: \_\_\_\_\_ Boy Girl  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Parent/Guardian Name(s) \_\_\_\_\_  
Mother's Phone (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Contact #) \_\_\_\_\_  
Father's Phone (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Contact #) \_\_\_\_\_  
Primary Medical Insurance \_\_\_\_\_ Secondary/Supplemental Ins. \_\_\_\_\_  
Subscriber \_\_\_\_\_ Group/ID# \_\_\_\_\_ Subscriber \_\_\_\_\_ Group/ID# \_\_\_\_\_  
SS# \_\_\_\_\_ SS# \_\_\_\_\_

**MEDICAL CONSENT:** I, the undersigned, hereby consent to all medical treatment by the attending physician and to the administration and performance of all examinations, administering of medicine, treatments, x-rays, blood tests, transfusions, suturing or other procedures which may be deemed necessary for above noted student during the stay at this hospital.

**FINANCIAL AGREEMENT:** I hereby agree to accept responsibility for any financial indebtedness incurred during the hospitalization. I agree to pay for all necessary services at the current rate and in case of collection, pay a reasonable attorney fee and collection expense.

**EMERGENCY CONTACTS:** Start your list with the person you want contacted first in case of an emergency and a parent can not be reached. We will continue until one of your contacts has been notified:

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**HEALTH INFORMATION**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of last physical: \_\_\_\_\_  
Address: Zip: \_\_\_\_\_

Please check and explain any of the following conditions that your child may have:

- Drug Allergies \_\_\_\_\_  Emotional \_\_\_\_\_
- Food Allergies \_\_\_\_\_  Convulsions \_\_\_\_\_
- Medication Allergies \_\_\_\_\_  Blood Disease \_\_\_\_\_
- Other Allergies \_\_\_\_\_  Kidney Disease \_\_\_\_\_
- Heart Disease \_\_\_\_\_  Hearing Loss \_\_\_\_\_
- Rheumatic Fever \_\_\_\_\_  Diabetes \_\_\_\_\_
- Epilepsy \_\_\_\_\_  Nosebleeds \_\_\_\_\_
- Contact Lenses/Glasses \_\_\_\_\_  Other \_\_\_\_\_

I have read the above medical policies and consent form and understand and agree to their content and apply to all school activities and field trips.

\_\_\_\_\_

# FIELD TRIPS AND PHOTOGRAPHY WAIVER

## Information Release

I give TLLC permission to list our family in the school directory.     Yes     No

I give TLLC permission to use Field Trip or Volunteer pictures from Field Trips or class times in Social Media or Website posts with the understanding that if photo credit is desired TLLC will give credit to my photography or tag me in social media post.     YES     NO

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Parent Signature

Date

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## FIELD TRIPS

During the year Tree of Life Learning Center plans to take several field trips. Volunteers/chaperones are always encouraged to attend with at least 24 hour notice. In order to decrease paperwork TLLC will ask parents to fill out one (1) permission slip for each of their children enrolled in TLLC. This one permission slip will cover each of the field trip events planned. Parent/Guardian will be informed of field trips at least one week prior to field trip. A list of tentative field trips may be provided at the beginning of the school year.

All educational trips require cooperation, responsibility and good behavior on the part of each participant, for the good of all involved. While on an educational trip, students are required to abide by all guidelines laid out by the Student Handbook.

Any student possessing or under the influence of prohibited substances, except for listed approved medications, will automatically be sent home at the parents expense.

I hereby give permission for my child to participate in any and all field trips (including transportation to and from field trips) taken by Tree of Life Learning Center. I understand the above and realize the necessity of the rules and agree to cooperate. I understand that all medical forms filled out for my child are also applicable for any off site field trips or extra-curricular activities.

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Student Signature

Date

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Parent Signature

Date



## PARENT – SCHOOL CONTRACT

To maintain harmony with the home, church and school, we ask that you prayerfully commit to:

Make it your priority to **attend school activities** (e.g., programs, Parent/Staff Fellowship, athletic competitions, fundraising events, etc.). **Support** the school with your prayers, gifts and volunteer service in assisting with fund raising and all other school related activities. Your prayer support of our school is absolutely essential. This is a spiritual battleground, and the battle must be fought with spiritual weapons. (1 Tim. 2:1-4). **Know and support TLLC's Mission, Purpose, Goals, Philosophy, Doctrinal Statement, Rules and Policies** found in Student Handbook, understanding that while you may not always agree with a rule or policy per se, your support is necessary and will be honored by God (Rom.13:1-4; Heb. 13:17; Deut. 6; Gal. 4:1-2; Heb. 12:9-10). Tree of Life Learning Center ASKS for your heart-felt support if we are to have an effective ministry with your student.

**Realize that volunteer hours are very important** to fully cover the activities of our school. You may be asked to volunteer during the school year. If you are able to volunteer, participation and efforts of every parent/guardian will make our school a success.

Realize that TLLC is a supplement, not a substitute for a Godly home and family, and therefore attend your chosen church weekly. Regular church attendance is Biblical (Heb. 10:23-25 & I Thess. 5:11).

**Tuition** is due on the day of each month according to each family's individual agreement. Families will receive a timely written notice if a payment has not been made. Outstanding balances of thirty (30) days or more will result in the withdrawal of your student (s), unless administration has made a prior agreement in writing. There will be a \$25.00 late charge applied to all accounts that are 10 days past due.

**Campus hours are 8:15 – 3:15** Students should not arrive any earlier than 30 minutes before school as there will not be adult supervision. Students are to be picked up promptly when school is dismissed. There will be no supervision 30 minutes after school dismissal. If a staff member has to stay to supervise students, there will be a \$10 charge per half hour. In no case should students stay continuously after school until evening events. Arriving on time and regular attendance is imperative. Excessive tardiness has a negative affect on student performance and may be dealt with by disciplinary measures and/or a drop in letter grade. With pre-arranged absences, assignments may be requested in advance.

**Support the school in all matters of discipline** involving your student. The school's disciplinary policy is based on the development of self-discipline (see student handbook). Any incident involving the use or possession of alcohol, tobacco, drugs, firearms, weapons of any kind, or any instance of immoral or unseemly conduct on or off campus, which is detrimental to the reputation of the Lord, our school, or the individual is grounds for suspension or dismissal.

**When you have a problem or concern, please contact the person most directly involved and the school administrator for clarification or mediation.** The administrator may refer items of a more severe nature to the church/school board. (Matt. 5:23-24, 18:15-16, James 3:5, 9 &10).

### **Additional guidelines for issue resolutions are:**

1. Keep the matter confidential
2. Keep the circle small (only those involved)
3. Be sure you know the facts
4. Be straightforward in love
5. Be humble and submissive
6. Be quick to forgive
7. Pray and work for a solution

The parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the Biblical injunctions of 1 Cor. 6:1-8, Mat. 5:23-24;18:15-20. Therefore, the parties agree that any claim or dispute arising out of, or related to, this agreement or to any aspect of this educational relationship, including statutory claims, shall be settled by Biblically based mediation.

The parties further agree that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Attire/Appearance Agreement

### Special Event/Field Trip Attire:

- No jeans with holes, sweat pants or shorts. (Dress as if you are going to a wedding or nice function)
- No t-shirts or sweatshirts.

### Classroom Attire:

Please note the following guidelines for regular school dress:

- Special day attire is always acceptable.
- Neat and clean jeans/pants, sized to fit, worn at the waist are acceptable (pants with holes or frayed edges are discouraged, but in case of holey jeans they are not to have holes higher than three inches from the top of the knee). Pants are not to be baggy.
- Spaghetti straps, and cropped tops/blouses are not acceptable (stomach and waistline must be covered at all times even with arms extended over the head). Tight fitting tops are not acceptable. Undergarments must not be showing. Designs and logos on clothing should reflect a wholesome message, and not depict drugs, alcohol or devils/demons.
- Overly tight fitting clothing is not acceptable for school.
- Hats are not to be worn during prayer time or chapel. **Refusal to remove hat during prayer or chapel may result in confiscation of hat or meeting with the principle/administration.**
- Excessive body piercing (ears are okay), tattoos or any gang related paraphernalia are not acceptable.
- Unusual or extreme attire is not acceptable for school.
- Good hygiene is encouraged; which includes brushed teeth, changed clothes and deodorant for appropriate ages.

### Shorts and Skirts:

Shorts/Skirts no shorter than 3" above the knee (this includes sitting) are acceptable. PLEASE NOTE: If your student is not appropriately dressed for school, parents will be asked to bring appropriate clothing for the student to change into. If parents cannot be reached, we will lend students clothing from the TLLC "closet". Staff retains the right to determine appropriateness.

### Physical Education Uniforms (TBD):

Uniforms are required for grades 6<sup>th</sup>-12<sup>th</sup> for both boys and girls. The uniform consists of black shorts and TLLC athletic shirt. Shirts will be available from the office for a fee of \$10.00. PE uniforms are **not** to be worn except during PE classes.

### Parent Pledge

I/We have read the above policies, as well as the Student Handbook, and have carefully considered the program of the school. I/We have shared them with my/our student(s), and agree to support them and the school authorities in dealing with my/our student('s).

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Father's Signature/Legal Guardian

Date

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Mother's Signature/Legal Guardian

Date

### Student Pledge

I have been given a Student Handbook, I have read and discussed it with my parents. I understand the rules and guidelines laid out in the Student Handbook and agree to follow all rules to the best of my ability.

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Student Signature

Date

**VOLUNTEER APPLICATION**

Volunteer's Name: \_\_\_\_\_

**Contact Information**

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please describe your previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Information**

Contact Name: \_\_\_\_\_ Relationship: Phone: (\_\_\_\_) \_\_\_\_\_

Your Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**BACKGROUND CHECK AUTHORIZATION**

Your signature below authorizes Tree of Life Learning Center and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

**Please complete all information below. Please print.**

Full Legal Name: \_\_\_\_\_  Male  Female

Current Address: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

(Maiden, alias, legal name change, etc.)

DOB: \_\_\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_

Previous Addresses in past 7 years: \_\_\_\_\_

Have you ever been convicted of any crime?  Yes  No

If "Yes," Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

(Use an additional sheet if necessary) Last First Middle

I have reviewed and completed this form as applicable to me. I give Tree of Life Learning Center permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy of facsimile of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

\_\_\_\_\_  
Volunteer Applicant's Signature Date

OFFICE USE ONLY:

Completed Required training and Background Checks Date: \_\_\_\_\_

## **CONFIDENTIALITY STATEMENT**

Confidentiality is the preservation of privileged information concerning the student, which is disclosed in a working relationship. Part of what you learn is necessary to provide services to the student; other information is shared within the development of a helping, trusting relationship. Therefore, most information gained about a student is confidential, and disclosure could make you legally liable, or could damage your relationship with the student and make it difficult to help the student.

All records regarding students must be treated as confidential. Before you begin your assignment as a volunteer you should be aware of the laws and penalties of breaching confidentiality. Violation of the Oregon Revised Statutes regarding confidentiality of records is punishable upon conviction by a fine of not more than \$1,000 or by imprisonment in the county jail for not more than 60 days, or both.

My signature below certifies that I have read and understand the material above. I understand my duty to abide by the laws and policies regarding the preservation of confidential information.

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Volunteer Applicant's Signature

Date

## **REPORTING STUDENT ABUSE**

As defined in Oregon law, student abuse includes the following five categories:

Physical                      Mental                      Sexual                      Neglect                      Threatened Harm

Oregon law designates school employees and certain other professionals as mandatory reporters, which means that when they have reasonable cause to believe a student is being abused or a person has abused a student, they must make a report to Services to Children and Families (SCF) or a law enforcement agency (police, sheriff, county juvenile department).

Volunteers are mandatory reporters. If you suspect abuse, or if a student reveals abuse, do not act shocked, but close the conversation as gracefully as possible and contact the school administrator or counselor as soon as possible.

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Volunteer Applicant's Signature

Date

**Driver Name:** \_\_\_\_\_ **Year** \_\_\_\_/\_\_\_\_  
Last First

**VOLUNTEER DRIVER APPLICATION & GUIDELINES**

You have agreed to transport students of Tree of Life Learning Center to a field trip function or for some other school approved purpose. Please be aware that in the event of an accident, your insurance will be the primary coverage. The school's insurance will take effect only after your personal auto insurance limits are exhausted.

**In order to serve as a volunteer driver, you will be required to provide the following information before driving for any school field trip or outing:**

1. Driver Application
2. Volunteer Application
3. Copy of current Oregon driver's license
4. Copy of Insurance declaration page listing the following minimum coverage:

**(1) \$100,000 liability per person for bodily injury**

**(2) \$300,000 liability per incident for bodily injury for all vehicle occupations**

**(3) \$50,000-\$100,000 liability for property damage**

**Vehicle**

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate#: \_\_\_\_\_ Number of working seat belts: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy:# \_\_\_\_\_ Expiration date: \_\_\_\_\_

(not agent's name)

(1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

Uninsured/Underinsured motorist coverage? [ ] Yes [ ] No

[ ] Yes [ ] No Are you licensed to drive a commercial vehicle?

[ ] Yes [ ] No Have you been in an accident in the last three years? If YES, please describe the accident and It's cause on another sheet of paper and attach it to this form. \_\_\_\_\_

[ ] Yes [ ] No Have you been ticketed for moving violations within the last three years? If yes, please describe the infractions on another sheet of paper and attach to this form.

[ ] Yes [ ] No Have you been convicted for DWI/DUI of alcohol or drugs, or had your license suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation?

**I affirm that:**

- I possess a valid Oregon state driver's license
- I will maintain the minimum insurance coverage required as stated above
- I will advise the school of any change in information: renewal of driver's license and insurance coverage
- I will transport only the amount of students as I have working seatbelts, (No double belting is permitted)
- I will carefully transport students under my care, including obeying all traffic laws.
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc)
- I will notify school personnel if I no longer wish to drive or if I wish to be removed from the approved driver list
- The information given on this form is true and correct to the best of my knowledge

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date Signed

**Office Use Only:**

License Copy Rec'd: \_\_\_\_\_ Declaration Copy Rec'd: \_\_\_\_\_ Minimum Coverage Met: \_\_\_\_\_ Volunteer Form Rec'd: \_\_\_\_\_