

21211 Coburg Road.
Harrisburg, OR 97446
(541) 689-5847

NEW STUDENT REGISTRATION PACKET 2017/2018

Thank you for considering Lifegate Christian School for your child's education. If you have any questions regarding the application process please do not hesitate to call the office with your questions.

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 child's most recent report card and achievement test
 - b. A copy of your child's transcript (high school students)
2. Please call to schedule an appointment with our administrator for a personal family interview. This is a time when prospective students and their parents meet with Lifegate's administrator to clarify the goals of the school as well as the educational goals of the family. This will assist in determining if Lifegate 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 made with our Accounting Department before the student can attend classes.
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Statement of Non-Discrimination

Lifegate Christian School 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: _____ Full-Time Part-Time

Father's Information

Father's Name: _____
(Full legal name) Last First Middle Name

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ Birth Date: _____ Phone: _____

E-Mail Address: _____ Cell Phone _____

Occupation: _____
Position Name of Employer or Business Phone

Mother's Information

Mother's Name: _____
(Full legal name) Last First Middle Name

Address: _____
(If different than above)

City: _____ State: _____ Zip: _____

SSN: _____ Birth Date: _____ Phone: _____

E-Mail Address: _____ Cell Phone: _____

Occupation: _____
Position Name of Employer or Business Phone

Spiritual Information

Name of Church attending: _____

Address: _____

Pastor's Name: _____ Church Phone: _____

Denomination: _____

Looking for a church to attend Not currently attending

How do you provide spiritual training for the 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 spiritual teachings? Yes No

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 City State Country
Last School Attended: _____ Grade: _____

Address City State Zip

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 or 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

When 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:*

Name: _____ Grade Entering: _____

Do you, yourself, want to attend Lifegate Christian School? Yes No Not sure

On a separate sheet of paper, write a 100 word essay on "Why I want to attend Lifegate Christian."

Tell Us About Yourself

1. Have you received Jesus Christ as your Savior? Yes No Not sure

If "yes" state briefly when and where _____

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? Yes No Not sure 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 Lifegate Christian 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 Lifegate Christian 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 Lifegate Christian.

Student Signature: _____

Date: _____

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CONFIDENTIAL PASTORAL REFERENCE

To be completed by your Pastor, Youth Pastor, or Sunday School Teacher not related to the applicant

Student's Name _____ Grade _____
Last First M.I.

I have known the applicant for _____ years.

They attend church _____ weekly _____ bi-monthly _____ monthly _____ rarely

Student Rating:

	Please check one			
	Excellent	Good	Average	Below Avg.
Demonstration of leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
His/her influence on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful to parents and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were responsible for a Christian school would you admit this student? _____

If no, please state reason: _____

Comments:

Does the applicant have a Christian testimony? _____

Does the applicant hold a position of leadership in a youth group or Sunday school? _____

What is your relationship to the applicant? _____

Your church and the denomination _____

Your address _____

Your phone number _____

Signed _____ Date _____

THANK YOU FOR YOUR TIME IN FILLING OUT THIS FORM

Please return to:

Lifegate Christian School
Attn: Records Clerk
211211 Coburg Road.
Harrisburg, Oregon 97446

CONFIDENTIAL EDUCATIONAL REFERENCE

To be filled out by a teacher, principal, etc. of the student.

Name of Applicant _____ **Applying to Grade** _____

My son/daughter is applying for admission to Lifegate Christian School. I would appreciate your completing this form and returning it directly to the school. I hereby authorize the release of my child's records and/or evaluative data to Lifegate Christian School

Parent Signature: _____ **Date:** _____

In what capacity and for how long have you known the applicant? _____

Your candid estimate of the applicant will be of value to us, and your comments will be held in strict confidence. Please indicate your ratings by numbers in the right hand column. Use a question mark where you have insufficient evidence.

	5	4	3	2	1	RATING
ACADEMIC ABILITY	Exceptional	Above Average	Average	Lower marginal ability	Poor academic risk	
INITIATIVE, DRIVE	Outstanding, resourceful	Well above the average	Generally strong enough	Occasionally weak	Very weak or lacking	
LEADERSHIP & RESPONSIBILITY	Outstanding, top positions	Commendable, top or next to top positions	Capable, minor positions, good	No sign of leadership or involvement	Record of irresponsibility	
INTEREST IN NON-ACADEMIC ACTIVITIES	Outstanding	Commendable, top or next to top positions	Active participation	Minor participation	No	
PARENTAL SUPPORT	Exceptional	Quite good	Average	Sometimes unsupportive	Often unsupportive, critical of school	
PEER RELATIONSHIPS	Highly respected, well-liked	Respected/liked	Accepted, but not sought out	Some difficulty in cultivating	Poor/unhealthy, unskilled socially	
PERSONAL QUALITIES	Superior personal qualities	Great strengths in personal qualities	Strengths outweigh weaknesses	Somewhat immature for age	Very immature for age	
EMOTIONAL	Extremely well balanced	Well balanced	Usually no problems	Some problems	Many problems	
SUMMARY AS A STUDENT	Outstanding	Above average	Average	Below average	Poor	
SUMMARY AS A PERSON	Outstanding	Above average	Average	Below average	Poor	

Does this student have any significant limitations? (physical, social, mental, emotional) _____

Has the student been punctual and regular in attendance? Yes No

Is the student eligible to pass to the next grade? Yes No

Signature of Teacher _____ Date: _____

Please Print Name: _____ Position: _____

Name of School _____ Phone Number: _____

THANK YOU FOR YOUR TIME IN FILLING OUT THIS FOR

or confidentiality purposes, please seal envelope, sign over seal, and return Attn: Records Clerk to the address above

Student Name: _____
Last First

Grade _____

Lifegate Christian School

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:

FOR OFFICE USE	
<input type="checkbox"/>	NO: MEDICATIONS
<input type="checkbox"/>	YES: ACETAMINOPHEN
<input type="checkbox"/>	YES: IBUPROFEN
<input type="checkbox"/>	Higher dosage permitted

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.**

Information Release

I give Lifegate Christian School permission to use any photographs of my child, taken at school or during school functions for Yearbook, promotional advertisement or school web page. Yes No

I give Lifegate Christian School permission to list our family in the school directory. Yes No

The following have authorization to pick up my child: _____

Parent's signature

Date

MEDICAL CONSENT & FIELD TRIP PERMISSION FOR: _____

(Student's Name)

I hereby grant permission to Lifegate Christian School 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.

I hereby give permission for my child to participate in any and all field trips (including transportation to and from field trips) taken by Lifegate Christian School.

Parent/Legal Guardian Signature

Date

PARENT – SCHOOL CONTRACT

To maintain harmony with the Christian home, church and school, as a parent you need to:

Make it your priority to **attend all school activities** (e.g., programs, Parent Staff Fellowship, athletic competitions, fundraising events, etc.).

Realize that LCS 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).

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 LCS'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). Lifegate Christian School **MUST** have 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. The school needs the participation and efforts of every parent/guardian to make our school a success. LCS requires **30 hours for full-time families**. We require **15 hours for part-time families**. On a quarterly basis the school will notify you of your families hours accumulated and recorded to date. If you choose not to serve a monetary donation will be expected.

Tuition is due by the 10th of each month. Outstanding balances of thirty (30) days or more will result in the withdrawal of your student(s). There will be a \$25.00 late charge applied to all accounts that are 10 days past due.

Campus hours are 8:30 – 3:30 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 will 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. If it is not resolved, then contact the administrator for clarification. The administrator may refer items of a more severe nature to the 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

Chapel/Special Day Attire:

We ask that students dress up for chapel, and special days, which includes academic field trips, and game days (if team members). Girls must wear dresses, skirts of a modest length – no higher than **3 inches** from the top of the knee and slits should be no higher than an additional 2 inches or slacks (no denim) with blouses. All dresses and blouses must have at least capped sleeves. Boys must wear a collared shirt (tucked in) with a tie and nice slacks/pants (no jeans or sweats). Sweaters/vests are acceptable when worn with a collared shirt. Sweatshirts or t-shirts of any kind are not acceptable chapel/special day attire. Out of respect, casual jackets and pullover coats are not to be worn during chapel. Students must wear chapel/special day attire throughout the day with **shirts tucked in and neat in appearance. Dress shoes are required.**

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 not appropriate). Pants are not to be baggy.
- **Sleeveless**, tank tops, 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.
- “Skorts” and calf-length Capri’s are considered shorts.
- Camouflage fatigues, militia attire, sweats, pajama bottoms, and warm-up/nylon pants are not appropriate for school dress.
- Short and/or tight fitting clothing is not acceptable for school.
- Hats and bandanas are not to be worn.
- Hair and personal grooming must be modest, not drawing attention to oneself. Hair must be of one natural hair color. Extreme styles are not permissible.
- Body piercing, tattoos (real or temporary) or any gang related paraphernalia are not acceptable, nor are earrings for boys.
- The use of minimal facial make-up is reserved for junior and senior high girls only.
- Unusual or extreme attire is not acceptable for school.

Shorts:

Shorts 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 Lifegate “closet”. Staff retains the right to determine appropriateness.

Physical Education Uniforms:

Uniforms are required for grades 6th-12th for both boys and girls. The uniform consists of black shorts and Lifegate 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 child(ren).

Father’s Signature

Date

Mother’s Signature

Date

Student Pledge

I have been given a Student Handbook, I have read and discussed it with my parents. I understand the behavioral and academic standards of the school. I agree to do my best to meet them. I understand that my failure to do so may result in my dismissal from Lifegate School.

Student Signature

Date

VOLUNTEER APPLICATION

Volunteer's Name: _____
Last First Middle

Contact Information

E-Mail Address: _____ Cell Phone: _____

Employer: _____ Position: _____

Work Phone: _____ Home Phone: _____

Please describe your previous volunteer experience: _____

(Use an additional sheet if necessary)

Emergency Information

Contact Name: _____ Relationship: _____ Phone: (____) _____

Your Physician: _____ Phone: (____) _____

BACKGROUND CHECK AUTHORIZATION

Your signature below authorizes Lifegate Christian School 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:

I have reviewed and completed this form as applicable to me. I give Lifegate Christian School 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



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.

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.

Volunteer Applicant's Signature

Date

Driver Name: _____ Year ____/____
Last First

VOLUNTEER DRIVER APPLICATION & GUIDELINES

You have agreed to transport students of Lifegate Christian School 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

1st Automobile

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

2nd Automobile

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:
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