



REQUIRED INFORMATION FOR CHARTER COACH BUS COMPANIES

1. Proof of Insurance.
2. Full name of driver(s) assigned to drive for Valley View School District on the requested date.
3. Driver's license number including state of issue.
4. Illinois file number for out-of-state drivers.

All drivers must meet the State of Illinois minimum requirements for transporting school age students to and from a school related function. Information provided will be verified with the State of Illinois. Should the driver assignment change, the information for the new driver must be provided no less than five (5) business days prior to the trip. (It is recommended that you provide possible alternate driver information should the assigned driver be unable to take the trip.) **If the information provided does not match the driver at the time of boarding, the contract will be null and void and all deposits and fees will be returned by the charter coach company to Valley View School District 365U.**

School Section

School Requesting Field Trip: _____

School Contact Person: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Date of Field Trip: _____ Start Time of Field Trip: _____ Return Time: _____

Field Trip Designation: _____

Certificate of Insurance currently on file with District: Yes No

If more than 1 bus is needed, please complete page 2 also.

Charter Bus Section

Name of Charter Bus Company: _____

Contact Person: _____

Full Name of Driver assigned to drive for VVSD: _____

Illinois Driver's License number for assigned driver: _____

Date of Birth: _____ Gender: M F

Illinois File Number for Out-of-State Driver: _____

Alternate Driver Information (if assigned driver is unable to take the trip)

Name: _____

Illinois Driver's License number or Out-of-State file number: _____

Date of Birth: _____ Gender: M F

***** Must be returned to the above school 5 business days prior to trip. *****

(Signature of Authorized Charter Coach Representative)

(Date)

“Safely Transporting OUR Most Valued Asset”

Bus # 2

Name of Charter Bus Company: _____

Contact Person: _____

Full Name of Driver assigned to drive for VVSD: _____

Illinois Driver's License number for assigned driver: _____

Date of Birth: _____ Gender: M F

Illinois File Number for Out-of-State Driver: _____

Alternate Driver Information (if assigned driver is unable to take the trip)

Name: _____

Illinois Driver's License number or Out-of-State file number: _____

Date of Birth: _____ Gender: M F

Bus #3

Name of Charter Bus Company: _____

Contact Person: _____

Full Name of Driver assigned to drive for VVSD: _____

Illinois Driver's License number for assigned driver: _____

Date of Birth: _____ Gender: M F

Illinois File Number for Out-of-State Driver: _____

Alternate Driver Information (if assigned driver is unable to take the trip)

Name: _____

Illinois Driver's License number or Out-of-State file number: _____

Date of Birth: _____ Gender: M F

Bus #4

Name of Charter Bus Company: _____

Contact Person: _____

Full Name of Driver assigned to drive for VVSD: _____

Illinois Driver's License number for assigned driver: _____

Date of Birth: _____ Gender: M F

Illinois File Number for Out-of-State Driver: _____

Alternate Driver Information (if assigned driver is unable to take the trip)

Name: _____

Illinois Driver's License number or Out-of-State file number: _____

Date of Birth: _____ Gender: M F

***** Must be returned to the school 5 business days prior to trip. *****

(Signature of Authorized Charter Coach Representative)

(Date)