

SANTA CLARITA CHRISTIAN SCHOOL

27249 Luther Drive, Santa Clarita, CA 91351 ~ 661-252-7371 ~ Fax 661-252-4354

Office Record of Field Trip and Sport Event Drivers and Passengers

Teacher/Coach _____ Grade/Sport _____ Event Date _____
Emergency Cell # _____ Teacher/Coach Cell # _____
Destination _____ Phone # _____
Time leaving SCCS _____ Time Returning to SCCS _____

The following information must be completed prior to departure and returned to the front office.

Driver of Vehicle _____
Cell # _____
DL # _____ Exp _____
Car (yr,make, model) _____
License Plate # _____
Car Ins. Carrier _____
Policy # _____
Students traveling in vehicle (max 6):
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

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