

(required when transporting students on field trips

in personal or leased vehicles)

Information on the driver and the driver's liability insurance is required for all personal and leased vehicles used to transport students (not applicable for school bus or commercial bus drivers or vehicles). This is an official FCPS document. Any falsification or misrepresentation may lead to disciplinary action for FCPS Staff or liability exposure for other drivers.

### FIELD TRIP PLAN

(to be completed by the trip organizer)

Specific Trip	Repeated Trip			
Date	Explain			
8/1/23	N/A			
Destination Bowlero				
Purpose				
Band camp field trip	Student name(s)			
DRIVER AND INSUR	ANCE INFORMATION			
PART I. DRIVER				
Name				
Student Parent Teacher or Staff Member (P	Part II required) Other			
Operator License Number State	- Evaluation Date			
	Expiration Date			
I certify that I have a valid driver's license as indicated				
I certify that the vehicle I will use for this field trip:				
is designed and manufactured to transport fewer than ten pass	engers			
meets Federal Motor Vehicle Safety Standards and state stand	dards annlicable to passenger			
car occupant protection standards (at the time the vehicle was				
has a certified seat and seat belt for each passenger (owner-o	r dealer-installed seats and/or seat belts are not certified)			
<del></del>				
Driver Signature	Date			
PART II. FCPS STAFF ONLY				
I understand and acknowledge that the validity of my license and	my driving record may be reviewed by FCPS Human Resources			
I have taken the online defensive driving tutorial offered by SafeSchools TM https://fairfax-va.safeschools.com/login				
PART III. INSURANCE				
Owner or Lessee of Insured Vehicle				
Insurer				
Vehicle Make Model				
V GIRGIO IVIANO	1110401			
Owner or Lessee Signature	Date			
SCHOOL PRINCIPAL APPROVAL				
\(\frac{1}{2}\)	1 1			
Jamus Lan	7/20/2)			
Principal Signature	Date			



(required when transporting students on field trips

in personal or leased vehicles)

Information on the driver and the driver's liability insurance is required for all personal and leased vehicles used to transport students (not applicable for school bus or commercial bus drivers or vehicles). This is an official FCPS document. Any falsification or misrepresentation may lead to disciplinary action for FCPS Staff or liability exposure for other drivers.

### FIELD TRIP PLAN

(to be completed by the trip organizer)

(to be completed by the trip of gamzer)				
	Specific	e Trip		Repeated Trip
Date 8/8/23 Destination Cinemark Fairfax	Corner		Explain N/A	
_	Purpose  Band camp field trip		Student name(s)	
		DRIVER AND INSURA	ANCE INFOR	MATION
PART I. DRIV	ER			
Name				
Student	Parent	Teacher or Staff Member (P	art II required)	Other
Operator License N	lumber	State		Expiration Date
I certify that I have a valid driver's license as indicated  I certify that the vehicle I will use for this field trip:  is designed and manufactured to transport fewer than ten passengers  meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger car occupant protection standards (at the time the vehicle was manufactured)  has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified)  Driver Signature				
PART II. FCPS STAFF ONLY  I understand and acknowledge that the validity of my license and my driving record may be reviewed by FCPS Human Resources  I have taken the online defensive driving tutorial offered by SafeSchools TM https://fairfax-va.safeschools.com/login				
PART III. INS	URANCE			
Owner or Lessee o	f Insured Vehicle			
Insurer				
Vehicle Make Model				
Owner or Lessee S	ignature		Da	ite
SCHOOL PRINCIPAL APPROVAL				
Principal Signature	& Lar	ч	<b>-</b> Da	+/20/23 ute



(required when transporting students on field trips

in personal or leased vehicles)

Information on the driver and the driver's liability insurance is required for all personal and leased vehicles used to transport students (not applicable for school bus or commercial bus drivers or vehicles). This is an official FCPS document. Any falsification or misrepresentation may lead to disciplinary action for FCPS Staff or liability exposure for other drivers.

### FIELD TRIP PLAN

(to be completed by the trip organizer)

(to be complete	ed by the trip organizer)		
Specific Trip	Repeated Trip		
Date 9/9/23	Explain		
Destination	N/A		
Homes within the OHS boundary			
Purpose Tag Day			
Tag Day	Student name(s)		
DRIVER AND INS	SURANCE INFORMATION		
PART I. DRIVER			
Name			
Student Parent Teacher or Staff Memb			
Operator License Number State	Expiration Date		
I certify that I have a valid driver's license as indicated			
I certify that the vehicle I will use for this field trip:			
is designed and manufactured to transport fewer than ter	n passengers		
meets Federal Motor Vehicle Safety Standards and state			
car occupant protection standards (at the time the vehicle			
has a certified seat and seat belt for each passenger (own	ner- or dealer-installed seats and/or seat belts are not certified)		
Driver Signature	Date		
PART II. FCPS STAFF ONLY			
I understand and acknowledge that the validity of my license	and my driving record may be reviewed by FCPS Human Resources		
I have taken the online defensive driving tutorial offered by S			
PART III. INSURANCE	·		
Owner or Lessee of Insured Vehicle			
Insurer			
Vehicle Make Model			
Owner or Lessee Signature Date			
SCHOOL PRINCIPAL APPROVAL			
time & Lane	7/20/23		
Principal Signature Date			



(required when transporting students on field trips

in personal or leased vehicles)

Information on the driver and the driver's liability insurance is required for all personal and leased vehicles used to transport students (not applicable for school bus or commercial bus drivers or vehicles). This is an official FCPS document. Any falsification or misrepresentation may lead to disciplinary action for FCPS Staff or liability exposure for other drivers.

(to be completed by the trip organizer)				
Specific Trip	Repeated Trip			
Date 9/23/23	Explain N/A			
Destination Colgan HS				
Purpose Marching competition	Student name(s)			
DRIVER AND INS	URANCE INFORMATION			
PART I. DRIVER				
Name				
Student Parent Teacher or Staff Member	er (Part II required)			
Operator License Number State	Expiration Date			
I certify that I have a valid driver's license as indicated  I certify that the vehicle I will use for this field trip:  □ is designed and manufactured to transport fewer than ten passengers □ meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger car occupant protection standards (at the time the vehicle was manufactured) □ has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified) □ Driver Signature □ Date  PART II. FCPS STAFF ONLY □ I understand and acknowledge that the validity of my license and my driving record may be reviewed by FCPS Human Resources □ I have taken the online defensive driving tutorial offered by SafeSchools TM https://fairfax-va.safeschools.com/login				
PART III. INSURANCE				
Owner or Lessee of Insured Vehicle	Owner or Lessee of Insured Vehicle			
Insurer				
Vehicle Make Model				
Owner or Lessee Signature Date				
SCHOOL PRINCIPAL APPROVAL				
Dami S. Lan. Principal Signature	Principal Signature 7/20/23  Date			



(required when transporting students on field trips

in personal or leased vehicles)

Information on the driver and the driver's liability insurance is required for all personal and leased vehicles used to transport students (not applicable for school bus or commercial bus drivers or vehicles). This is an official FCPS document. Any falsification or misrepresentation may lead to disciplinary action for FCPS Staff or liability exposure for other drivers.

(to be completed by the trip organizer)				
Specific Trip	Repeated Trip			
Date 9/30/23 Destination Herndon HS	Explain N/A			
Purpose Marching competition	Student name(s)			
DRIVER AND INSU	RANCE INFORMATION			
PART I. DRIVER				
Name				
Student Parent Teacher or Staff Member	(Part II required) Other			
Operator License Number State	Expiration Date			
is designed and manufactured to transport fewer than ten passengers  meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger car occupant protection standards (at the time the vehicle was manufactured)  has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified)  Driver Signature  Date  PART II. FCPS STAFF ONLY				
I understand and acknowledge that the validity of my license at  I have taken the online defensive driving tutorial offered by Sat	nd my driving record may be reviewed by FCPS Human Resources feSchools <sup>TM</sup> https://fairfax-va.safeschools.com/login			
PART III. INSURANCE Owner or Lessee of Insured Vehicle				
Vehicle Make Model				
Owner or Lessee Signature Date				
SCHOOL PRINCIPAL APPROVAL  Principal Signature  Tank				



(required when transporting students on field trips

## in personal or leased vehicles)

Information on the driver and the driver's liability insurance is required for all personal and leased vehicles used to transport students (not applicable for school bus or commercial bus drivers or vehicles). This is an official FCPS document. Any falsification or misrepresentation may lead to disciplinary action for FCPS Staff or liability exposure for other drivers.

(to be completed by the trip organizer)			
Specific Trip	Repeated Trip		
Date 10/7/23	Explain		
Destination	N/A		
Woodgrove HS	_		
Purpose Marching competition			
	Student name(s)		
DRIVER AND INSUR	ANCE INFORMATION		
PART I. DRIVER			
Name			
Student Parent Teacher or Staff Member (P	N.W. S. P. C.		
Student Parent Teacher or Staff Member (F Operator License Number State			
State State	Expiration Date		
I certify that I have a valid driver's license as indicated			
I certify that the vehicle I will use for this field trip:			
is designed and manufactured to transport fewer than ten pass	engers		
meets Federal Motor Vehicle Safety Standards and state stand			
car occupant protection standards (at the time the vehicle was			
has a certified seat and seat belt for each passenger (owner- o	r dealer-installed seats and/or seat belts are not certified)		
Driver Signature	Date		
PART II. FCPS STAFF ONLY			
I understand and acknowledge that the validity of my license and	my driving record may be reviewed by FCPS Human Resources		
I have taken the online defensive driving tutorial offered by SafeS	chools TM https://fairfax-va.safeschools.com/login		
PART III. INSURANCE			
Owner or Lessee of Insured Vehicle			
Insurer			
Vehicle Make Model			
O			
Owner or Lessee Signature	Date		
SCHOOL PRINCIPAL APPROVAL			
1 1 0-	7/2/22		
Principal Signature	7/20/23 Date		
	A GOV		



(required when transporting students on field trips

in personal or leased vehicles)

Information on the driver and the driver's liability insurance is required for all personal and leased vehicles used to transport students (not applicable for school bus or commercial bus drivers or vehicles). This is an official FCPS document. Any falsification or misrepresentation may lead to disciplinary action for FCPS Staff or liability exposure for other drivers.

(to be completed by the trip organizer)				
Specific Tr	rip			Repeated Trip
Date 10/23/23 Destination		Explain N/A		
Massaponax HS				
Purpose Marching Band State Assessment		Student name(s)		
	DRIVER AND INSURA	ANCE INFOR	N.	1ATION
PART I. DRIVER				
Name				
Student Parent	Teacher or Staff Member (P	art II required)		Other
Operator License Number	State			Expiration Date
I certify that I have a valid driver's lie	cense as indicated			
I certify that the vehicle I will use for this	field trip:			
is designed and manufactured to	•	en dere		
-	•	•		
meets Federal Motor Vehicle S	afety Standards and state stand	ards applicable to	pa	assenger
car occupant protection standar		•		
has a certified seat and seat belt	t for each passenger (owner- or	dealer-installed s	sea	ts and/or seat belts are not certified)
				•
Driver Signature		Da	te	
PART II. FCPS STAFF ONLY				
I understand and acknowledge that t	the validity of my license and r	ny driving record	m	ay be reviewed by FCPS Human Resources
I have taken the online defensive dri				
	The second of parents	210010 <u>111120371</u>		TMA YM-SQLESOTTOOTS-CONDINGEN
PART III. INSURANCE				
Owner or Lessee of Insured Vehicle				
Insurer				
Vehicle Make Model				
Owner or Lessee Signature Date				
SCHOOL PRINCIPAL APPROVAL				
Jamie & Lave			7	<u>120123                                  </u>
Principal Signature		Da	ite	



(required when transporting students on field trips

in personal or leased vehicles)

Information on the driver and the driver's liability insurance is required for all personal and leased vehicles used to transport students (not applicable for school bus or commercial bus drivers or vehicles). This is an official FCPS document. Any falsification or misrepresentation may lead to disciplinary action for FCPS Staff or liability exposure for other drivers.

Specific Trip	(to be completed by the trip organizer)			
Student name(s)   Student   Parent   Teacher or Staff Member (Part II required)   Other   Operator License Number   State   Expiration Date   Expiration Date   I certify that I have a valid driver's license as indicated   I certify that I have a valid driver's license as indicated   I certify that the vehicle I will use for this field trip:   is designed and manufactured to transport fewer than ten passengers   meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger can occupant protection standards (aft the time the vehicle was manufactured)   has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified)   Driver Signature   Date	Specific Trip	Repeated Trip		
DRIVER AND INSURANCE INFORMATION  PART I. DRIVER    Student   Parent   Teacher or Staff Member (Part II required)   Other Operator License Number   State   Expiration Date		Explain		
Chartily HS   Purpose   Away frotball game   Student name(s)		N/A		
Butyose Away football game    DRIVER AND INSURANCE INFORMATION		•		
Away football game    Student name(s)				
DRIVER AND INSURANCE INFORMATION  PART I. DRIVER  Name    Student	<del>-</del>			
PART I. DRIVER  Name    Student	7 Way 100 Dan gamo	Student name(s)		
PART I. DRIVER  Name    Student				
Name		R AND INSURANCE INFORMATION		
Student Parent Teacher or Staff Member (Part II required) Other  Operator License Number State Expiration Date  I certify that I have a valid driver's license as indicated  I certify that the vehicle I will use for this field trip:    I certify that the vehicle I will use for this field trip:   I set designed and manufactured to transport fewer than ten passengers   meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger car occupant protection standards (at the time the vehicle was manufactured)   has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified)  Driver Signature Date  PART II. FCPS STAFF ONLY   I understand and acknowledge that the validity of my license and my driving record may be reviewed by FCPS Human Resources   I have taken the online defensive driving tutorial offered by SafeSchools TM https://fairfax-va-safeschools.com/login  PART III. INSURANCE  Owner or Lessee of Insured Vehicle  Insurer  Vehicle Make Model  Owner or Lessee Signature Date				
Operator License Number    I certify that I have a valid driver's license as indicated   I certify that the vehicle I will use for this field trip:   is designed and manufactured to transport fewer than ten passengers   meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger   car occupant protection standards (at the time the vehicle was manufactured)   has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified)    Driver Signature	Name			
I certify that I have a valid driver's license as indicated  I certify that the vehicle I will use for this field trip:    is designed and manufactured to transport fewer than ten passengers   meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger   car occupant protection standards (at the time the vehicle was manufactured)   has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified)    Date	Student Parent Teacher of	or Staff Member (Part II required)		
I certify that the vehicle I will use for this field trip:    s designed and manufactured to transport fewer than ten passengers   meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger   car occupant protection standards (at the time the vehicle was manufactured)   has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified)   Date   PART II. FCPS STAFF ONLY   I understand and acknowledge that the validity of my license and my driving record may be reviewed by FCPS Human Resources   I have taken the online defensive driving tutorial offered by SafeSchools   Matthews://fairfax-va.safeschools.com/login    PART III. INSURANCE     Owner or Lessee of Insured Vehicle     Insurer     Vehicle Make   Model     Owner or Lessee Signature     Date     SCHOOL PRINCIPAL APPROVAL	Operator License Number	State Expiration Date		
is designed and manufactured to transport fewer than ten passengers   meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger   car occupant protection standards (at the time the vehicle was manufactured)   has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified)    Driver Signature	I certify that I have a valid driver's license as ind	licated		
is designed and manufactured to transport fewer than ten passengers   meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger   car occupant protection standards (at the time the vehicle was manufactured)   has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified)    Driver Signature	I certify that the vehicle I will use for this field trin-			
meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger car occupant protection standards (at the time the vehicle was manufactured)    has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified)    Driver Signature	·			
car occupant protection standards (at the time the vehicle was manufactured)    has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified)    Driver Signature	is designed and manufactured to transport f	fewer than ten passengers		
has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified)   Driver Signature	meets Federal Motor Vehicle Safety Standa	ards and state standards applicable to passenger		
Driver Signature  PART II. FCPS STAFF ONLY  ☐ I understand and acknowledge that the validity of my license and my driving record may be reviewed by FCPS Human Resources ☐ I have taken the online defensive driving tutorial offered by SafeSchools ™ https://fairfax-va.safeschools.com/login  PART III. INSURANCE  Owner or Lessee of Insured Vehicle  Insurer  Vehicle Make Model  Owner or Lessee Signature Date	car occupant protection standards (at the tir	me the vehicle was manufactured)		
PART II. FCPS STAFF ONLY  I understand and acknowledge that the validity of my license and my driving record may be reviewed by FCPS Human Resources I have taken the online defensive driving tutorial offered by SafeSchools TM https://fairfax-va.safeschools.com/login  PART III. INSURANCE  Owner or Lessee of Insured Vehicle  Insurer  Vehicle Make Model  Owner or Lessee Signature  Date	has a certified seat and seat belt for each pa	assenger (owner- or dealer-installed seats and/or seat belts are not certified)		
PART II. FCPS STAFF ONLY  I understand and acknowledge that the validity of my license and my driving record may be reviewed by FCPS Human Resources I have taken the online defensive driving tutorial offered by SafeSchools TM https://fairfax-va.safeschools.com/login  PART III. INSURANCE  Owner or Lessee of Insured Vehicle  Insurer  Vehicle Make Model  Owner or Lessee Signature  Date				
PART II. FCPS STAFF ONLY  I understand and acknowledge that the validity of my license and my driving record may be reviewed by FCPS Human Resources I have taken the online defensive driving tutorial offered by SafeSchools TM https://fairfax-va.safeschools.com/login  PART III. INSURANCE  Owner or Lessee of Insured Vehicle  Insurer  Vehicle Make Model  Owner or Lessee Signature  Date	Driver Signature	Date		
I understand and acknowledge that the validity of my license and my driving record may be reviewed by FCPS Human Resources  I have taken the online defensive driving tutorial offered by SafeSchools ™ https://fairfax-va.safeschools.com/login  PART III. INSURANCE  Owner or Lessee of Insured Vehicle  Insurer  Vehicle Make Model  Owner or Lessee Signature  Date		Date		
I have taken the online defensive driving tutorial offered by SafeSchools ™ https://fairfax-va.safeschools.com/login  PART III. INSURANCE  Owner or Lessee of Insured Vehicle  Insurer  Vehicle Make Model  Owner or Lessee Signature Date	PART II. FCPS STAFF ONLY			
I have taken the online defensive driving tutorial offered by SafeSchools ™ https://fairfax-va.safeschools.com/login  PART III. INSURANCE  Owner or Lessee of Insured Vehicle  Insurer  Vehicle Make Model  Owner or Lessee Signature Date	I understand and acknowledge that the validity	of my license and my driving record may be reviewed by FCPS Human Resources		
PART III. INSURANCE  Owner or Lessee of Insured Vehicle  Insurer  Vehicle Make  Model  Owner or Lessee Signature  Date		·		
Owner or Lessee of Insured Vehicle  Insurer  Vehicle Make  Model  Owner or Lessee Signature  Date	I have taken the online defensive driving futoria	11 Offered by SafeSchools https://rairtax-va.safeschools.com/login		
Insurer  Vehicle Make  Model  Owner or Lessee Signature  Date  SCHOOL PRINCIPAL APPROVAL	PART III. INSURANCE			
Vehicle Make  Model  Owner or Lessee Signature  Date  SCHOOL PRINCIPAL APPROVAL	Owner or Lessee of Insured Vehicle			
Owner or Lessee Signature  SCHOOL PRINCIPAL APPROVAL	Insurer			
SCHOOL PRINCIPAL APPROVAL	Vehicle Make Model			
SCHOOL PRINCIPAL APPROVAL				
SCHOOL PRINCIPAL APPROVAL	Owner or Lessee Signature Date			
Jamie D'Lan 7/20/23	SCHOOL PRINCIPAL APPROVAL			
7/20/23	$\gamma$			
	James & Dan	<u>7120123</u>		
r-incipal Signature Date	remeipal Signature	Date		



(required when transporting students on field trips

in personal or leased vehicles)

Information on the driver and the driver's liability insurance is required for all personal and leased vehicles used to transport students (not applicable for school bus or commercial bus drivers or vehicles). This is an official FCPS document. Any falsification or misrepresentation may lead to disciplinary action for FCPS Staff or liability exposure for other drivers.

(to be completed by the trip organizer)				
Specifi	c Trip	Repeated Trip		Repeated Trip
Date 2/45/24 and 2/46/24		Explain		
3/15/24 and 3/16/24 Destination		N/A		
Washington-Liberty HS				
Purpose				
Concert Band Assessment		Student name	(s)_	
	DRIVER AND INSURA	ANCE INFOR	V.	IATION
PART I. DRIVER				
Name				
Student Parent	Teacher or Staff Member (Pa	art II required)	[	Other
Operator License Number	State			Expiration Date
I certify that I have a valid drive	er's license as indicated			
I certify that the vehicle I will use fo	or this field trip			
	ared to transport fewer than ten passe	an core		
	-	_		
	icle Safety Standards and state stand andards (at the time the vehicle was		pa	ssenger
• •	at belt for each passenger (owner- or	•		to and/or past halts are not southful
inas a centified seat and sea	it bett for each passenger (owner- or	deater-installed s	eat	s and/or sear deris are not certified)
Driver Signature		Da	te	
PART II. FCPS STAFF ON	LY			
I understand and acknowledge	that the validity of my license and n	ny driving record	ma	y be reviewed by FCPS Human Resources
I have taken the online defensi	ve driving tutorial offered by SafeSo	chools <sup>TM</sup> https://f	airí	fax-va.safeschools.com/login
	,			
PART III. INSURANCE				
Owner or Lessee of Insured Vehicle				
Insurer				
Vehicle Make Model .				
<u> </u>	······································			•
Owner or Lessee Signature	Owner or Lessee Signature Date			
SCHOOL PRINCIPAL APPROVAL				
Anni & La	4	<u></u>	IJ	120/23
Principal Signature		Da	te	(d) (d)