



Agape Christian Academy

School Van Authorized Driver Form

1. Driver Information

- Full Name: _____
- Date of Birth: _____
- Driver's License Number: _____
- State of Issue: _____
- License Expiration Date: _____
- Phone Number: _____
- Email Address: _____

2. Employment/Association with School

- Position/Role: _____

3. Driving Record Verification

- Background Check Completed: Yes No

4. Emergency Contact

- Name: _____
- Relationship: _____
- Phone Number: _____



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5. Authorization & Agreement

By signing below, the driver acknowledges and agrees to:

- Follow all school transportation policies and safety procedures
- Maintain a valid driver's license at all times
- Report any accidents, violations, or license changes immediately
- Operate school vehicle responsibly and safely

Driver Signature: _____ Date: _____

Authorized School Official Signature: _____ Date: _____

Printed Name & Title: _____