



Providing the rich soil that enables  
our children to develop deep roots and flourish.

### Letter to Drivers Transporting Young People

We greatly value your support in helping to transport young people to activities. It is our duty to do what we can to minimise the risks associated with road transport and we therefore ask all our drivers to read the checklist below, complete the information and sign and date it. Please await confirmation from the establishment before driving other people's children to events. This in no way invalidates or curtails private arrangements undertaken between parents.

#### **Name of Driver:**

- I have **no** endorsements or points on my license / have declared any points on my licence and the reasons for accruing them (delete as applicable).
- My car carries current insurance, which is renewed annually, and I have checked with my insurance company that my insurance covers transporting young people on a voluntary basis.
- The road fund license is current and always renewed by the expiry date.
- The vehicle is regularly serviced, kept in safe running condition and where required, has a valid MOT certificate.
- I am aware that overloading the vehicle could invalidate its insurance.
- All passengers I shall carry will have and use a seat belt including those in the back seat.
- I am aware that any formal payment for petrol or mileage cost would invalidate my insurance unless it had been previously declared to the insurance company (Remuneration would be construed as being for "hire or reward" -a separate insurance classification)

#### **Additionally, for those employed by or for Amberley Parochial School**

My insurance includes business use in addition to social, domestic and pleasure. The vehicle I shall be using is / is not\* insured in my name.

(If you are driving as a "named driver" on someone else's insurance, the cover is usually restricted to social, domestic and pleasure purposes. As an employee, you will need to check that you may use the car for business.)

As a named driver and an employee, I confirm that the insurance covers me for business use.\*

(\* Delete as appropriate or if not applicable)

I understand that I must meet the requirements set out in the above statements;

Signed \_\_\_\_\_ Name (Print) \_\_\_\_\_

Vehicle registration \_\_\_\_\_ Date \_\_\_\_\_

***Please return to the School Office.***

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