



CORNERSTONE CHRISTIAN SCHOOL
34570 MONTE VISTA DRIVE
WILDOMAR, CA 92595

Cornerstone Christian Elementary
Cornerstone Christian Jr. High
Cornerstone Christian High School

Phone 951-674-9381
Fax 951-674-8462
www.ccs-w.org

PARENT/DRIVER INSURANCE FORM

Please attach a current copy of your insurance card with this form.

Parent's Name (please print): _____ Date: _____

Student's Name (please print): _____

Home Address: _____

City, State & Zip Code: _____

Make & Model Vehicle: _____ Driver's License #: _____

Insurance Company: _____ Policy #: _____

Expiration Date: _____

Home Phone: (_____) _____ Cell: (_____) _____

I understand that as the registered owner of the vehicle, the primary responsibility for all legal and insurance issues arising from the use of my vehicle on the behalf of the school rests entirely with me. I understand that the school's liability insurance covers only registered CCS students on a school-sponsored activity, and is secondary to my personal auto and liability insurance.

Parent's Signature: _____ Date: _____