

SCHOOL YEAR

**PRIVATE CAR TRAVEL CHECK  
FOR  
FIELD, ATHLETIC AND ACTIVITY TRIPS**

I, \_\_\_\_\_ will be using the automobile described below to transport students to \_\_\_\_\_  
(DRIVER'S NAME) (SPORT/ACTIVITY) for \_\_\_\_\_ (SEASON/EVENT)

VEHICLE OWNER'S NAME: _____
ADDRESS: _____
VEHICLE MAKE: _____ YEAR AND MODEL: _____
VEHICLE LICENSE NUMBER: _____
REGISTRATION EXPIRATION: _____ SEATING CAPACITY: _____

CHECK BOX IF  
REQUIREMENT  
IS SATISFIED

DRIVER (circle one): Employee Parent/Guardian Volunteer Student	
NAME: _____ DATE OF BIRTH: _____	<input type="checkbox"/>
ADDRESS: _____	
DRIVER'S LICENSE NO: _____ EXPIRATION DATE: _____	
TELEPHONE NO.: _____	

<b>PROOF OF INSURANCE [Must be in vehicle]</b>	
INSURANCE COMPANY: _____ POLICY NO.: _____	<input type="checkbox"/>
TELEPHONE NO.: _____ EXPIRATION DATE: _____	
<b>LIABILITY LIMITS OF POLICY:</b> _____	
MINIMUM COVERAGE: \$ 2,000 – medical	
\$100,000 - per occurrence / \$300,000 aggregate – bodily injury	
\$ 10,000 – property damage	

<b>SAFETY CHECK [Self-Check]</b>	<input type="checkbox"/>
The following have been inspected and are in safe working condition:	
TIRES BRAKES LIGHTS TURN SIGNALS	

<b>SEAT BELTS</b>	<input type="checkbox"/>
A seat belt is available for each passenger. Each passenger will be required to wear a seat belt.	

<b>DRIVING RECORD</b>	<input type="checkbox"/>
I certify that I have not had my license suspended during the last five years.	

**DRIVER INSTRUCTIONS:** Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment. You are not allowed to transport more than 9 students or use a vehicle that will hold more than 9 students plus the driver.  
Do not smoke a pipe, cigar, or cigarette while there are minors in the vehicle, as required by law.  
In case of emergency, keep all the children together and call 911 and the district office at 408-522-2200.

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and the information given above is true and correct.

SIGNED \_\_\_\_\_  
DRIVER OF VEHICLE

I am the registered owner of the vehicle described on this form and I authorize the driver, whose name appears above to use this vehicle to transport him/herself and other students. I understand if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages. I certify that the information provided above is correct.

SIGNED \_\_\_\_\_  
OWNER OF VEHICLE