

Transportation of Pupils in Privately-Owned Vehicles

School Driver Registration Form

Driver: Employee Parent/Guardian Volunteer

Name: _____ Date of Birth: _____

Address: _____ Driver's License # _____
Expiration Date: _____

Vehicle Information:

Name of Owner: _____ Phone# _____

Address: _____

Make: _____ License Plate # _____ Year _____
Registration Expires: _____ Seating Capacity: _____

Insurance Information:

Insurance Company _____ Policy No. _____

Telephone No. _____ Expiration Date _____

*****SEAT BELTS REQUIRED TO BE USED BY ALL OCCUPANTS
BOOSTER SEATS UP TO 60 LBS.
NO ONE UNDER 12 YEARS OF AGE IN FRONT SEAT.**

I have met the minimum insurance requirements as listed below:

- Bodily Injury Liability: Authorization by responsible school
- Each Individual \$100,000 official
- Total Each Accident \$300,000
- Property Damage Liability \$25,000—Approved by: _____
- Medical Payments \$5,000
- Uninsured Motorist Coverage _____
- Each Individual \$100,000
- Total Each Accident \$300,000

Driver Instructions:

When using your vehicle to transport students on field trips or other school activity trips, Please:

1. Be sure that you have registered with the District for such purposes and have a valid driver's license and current liability insurance of at least \$100,000 per occurrence.
2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers for which your vehicle is designed. If you have a truck or pickup, carry only as many as can safely sit in the passenger compartment.
4. Require each passenger to use a seat belt.
5. *Student Drivers shall NOT transport other students on authorized field trips.
6. In case of emergency, keep all children together and call _____

Driver Statement

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 that the information given above is true and correct. I understand that if an accident occurs, my insurance shall bear primary responsibility for any losses or claims for damages.

Name: _____ Date _____