



**Annual Transportation of Students in Privately Owned Vehicles  
Certificate and Authorization**

*(form is not required to be completed by parents/guardians/staff who are driving their student only)*

**School:** \_\_\_\_\_

School Year: 202\_\_ through 202\_\_

1<sup>st</sup> Student's name (please print first name and last name): \_\_\_\_\_

2<sup>nd</sup> Student's name (please print first name and last name): \_\_\_\_\_

**Driver's last name:** \_\_\_\_\_

**Driver's first name\*:** \_\_\_\_\_

***\*Student drivers shall NOT transport other students on authorized field trips. This form is only valid for the duration of the school year. Please note: If one of the required supporting documents expire before the end of the school year, a new completed form with documentation must be submitted.***

Relationship to student(s): \_\_\_\_\_

**Driver's license #:** \_\_\_\_\_

Driver's license expiration date: \_\_\_\_\_

Driver's address (include city & state): \_\_\_\_\_

Driver's cell phone #: \_\_\_\_\_

Driver's email address: \_\_\_\_\_

**Year of automobile #1:** \_\_\_\_\_

Make of automobile: \_\_\_\_\_

Model of automobile: \_\_\_\_\_

License plate # of automobile: \_\_\_\_\_

Passenger capacity with driver\*: \_\_\_\_\_

***\*Seatbelts are required to be used by all occupants.***

**Year of automobile #2:** \_\_\_\_\_

Make of automobile: \_\_\_\_\_

Model of automobile: \_\_\_\_\_

License plate # of automobile: \_\_\_\_\_

Passenger capacity with driver\*: \_\_\_\_\_

***\*Seatbelts are required to be used by all occupants.***



**I have met the minimum insurance requirements as listed below:**

1. Bodily injury liability
  - a. Each individual: \$100,000 minimum
  - b. Total each accident: \$300,000 minimum
2. Property damage liability: \$25,000
3. Medical payments: \$5,000
4. Uninsured motorist coverage: \$100,000 (each individual) / \$300,000 (total each accident)

**I have attached a copy of the following:**

1. driver's license
2. "declaration form" as proof of automobile liability insurance coverage provided by driver's automobile insurance company that indicates the insurance expiration date, and the type and amount of coverage

**(All drivers)** I certify that the above information is correct and that the insurance coverage is in force. I further certify that the above vehicle is mechanically safe. I understand that I must have automobile liability insurance coverage in force as required by the State of California, and agree to advise the District, in writing, of any changes to the above information. I am aware that although there is a District liability insurance policy, it is the individual driver's own automobile liability insurance that must provide the coverage in case of an accident. In case of an accident, I will immediately report the accident to a District staff member who will complete an Accident/Incident Report.

**(School staff drivers)** In addition to the above, I understand that if performing work for the District in the course of my duties, I may utilize my personal vehicle.

**Driver's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**School Office Use Only**

**School office manager has:**

- received a copy of driver's license  
Driver's license expiration date: \_\_\_\_\_
- verified that the insurance is in the driver's name
- verified that the driver has met the minimum insurance requirements as listed above  
Insurance expiration date: \_\_\_\_\_
- received Field Trip Chaperone Agreement or Sport/Athletic Activity Chaperone Agreement for High School Athletics
- received Volunteer Information/Agreement
- received a copy of TB Results
- confirmed Live Scan clearance via Human Resources

**Principal's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_