

# SCHOOL DRIVER REGISTRATION FORM

## DRIVER INFORMATION

Driver (circle one): Employee Parent/Guardian Volunteer

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

***Drivers license must be valid at all times when driving students.***

## VEHICLE INFORMATION

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Make: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate No.: \_\_\_\_\_

Registration Expiration: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

## INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Liability Limits of Policy: \_\_\_\_\_

***Minimum allowed to transport students by private automobile is liability insurance \$300,000.00 per occurrence.***

## 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 coverage shall bear primary responsibility for any losses or claims for damages.

I certify that I have received and will abide by the driver instructions provided by the District, including Board Regulation 2018.

Name: \_\_\_\_\_ Date: \_\_\_\_\_