Simi Valley Schools
SIMI VALLEY UNIFIED SCHOOL DISTRICT

Field Trip by Private Vehicle Driver Statement

This form must be completed and on file at school site prior to each field trip

School Name:	Trip Date:
Class/teacher taking trip:	Destination:
Driver Name: Driver Birth Date:	Driver License #: Driver License Expiration Date:
Driver Home Phone: Driver Cell Phone:	Home Address:
Do you have any driving restrictions? ☐ Yes ☐ No	If yes, please list:
Registered Owner of Vehicle:	Registration Expiration Date:
Automobile Year/Make/Model	Vehicle License #:
Seating capacity of vehicle for students: _____ Personal vehicle may not be designed to carry more than 10 people including the driver.	
Insurance Carrier: Agent Name: Phone #:	
Policy Number:	Policy Expiration Date:
Required automobile liability insurance with the following limits: $100,000 each person, $300,000 each accident (bodily injury) and $50,000 property damage.	
Volunteer and Chaperone Form completed and on file with school: ☐ Yes ☐ No	
Copies attached: Driver License Vehicle Registration Proof of Insurance ☐ Yes ☐ No	

NOTE: If a person drives their personal automobile or a rented vehicle for approved District purposes and that person is involved in an accident, or collision, the owner or renter of the vehicle is liable and responsible for death or injury to person or property resulting from a negligent or wrongful act or omission in the operation of the vehicle (California Vehicle Code section 17150).

A person driving their personal automobile for approved district purposes will be responsible for any costs associated with moving violation and parking violations incurred during such driving.

Acknowledgement: I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe, and that I have read and understand the Simi Valley Unified School District Driver Instructions.

_____ _____
Driver Signature Date

SCHOOL APPROVAL
I have reviewed the above and approve the use of this vehicle for the purpose stated.

_____ _____
School or Site Administrator Signature Date