

**STUDENT DRIVER/USE OF PRIVATELY OWNED VEHICLES**

This form must be used when private vehicles are used for school-sponsored activities. **A no answer to any statement prohibits the use of this driver and/or vehicle.**

Driver's Name \_\_\_\_\_

Date of Event, Activity or Athletic Season \_\_\_\_\_

School \_\_\_\_\_

**I CERTIFY TO THE FOLLOWING:**

1. I am the registered owner/legal leasor or my parent/guardian is the registered owner/legal leasor of the vehicle, which will be transporting students. If vehicle is borrowed, registered owner must verify numbers 4 and 5 below and sign part B.
2. I have a valid driver's license, not a provisional license, and have been in possession of a license for more than six months. License Number \_\_\_\_\_
3. I have a clean driving record in that I have never been convicted of drunk driving, driving under the influence of drugs, or of reckless driving.
4. I have liability/medical coverage on this vehicle as required by State law with the following limits:

Property Damage . . . . .	\$50,000	Medical . . . . .	\$10,000
Bodily Injury . . . . .	\$100,000-\$300,000		
Name of Insurance Company: _____			
Local Agent (if applicable): _____			

5. My vehicle is not designed to carry more than 9 passengers (including driver) nor will I transport more than 9 in accordance with the State Vehicle SPAB regulations. This vehicle is in good working order (tires, brakes, lights, turn signals, windshield wipers) and that each passenger will have a seat belt.

Make/Model/Year of Vehicle \_\_\_\_\_  
 License Plate Number \_\_\_\_\_ Number of passenger seat belts \_\_\_\_\_

**I certify that the information provided above is true and correct to the best of my knowledge. I understand that my vehicle liability/medical insurance is primary in case of an auto claim and that if the limits of liability under the owner's policy fails to satisfy the legal liability involved, the District's policy is secondary, only with regard to vehicles owned and driven for school business by school employees. There is no excess coverage provided to volunteer or student drivers.**

Signature of Driver \_\_\_\_\_ Date \_\_\_\_\_

Driver's Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN OF STUDENT DRIVER**

A. I give my permission for my son/daughter, \_\_\_\_\_, to drive the above vehicle for the school sponsored activities as noted above.

B. I understand that the vehicle liability/medical insurance is primary in case of an auto claim and that if the limits of liability under the owner's policy fail to satisfy the legal liability involved, the District's policy is secondary, only with regard to vehicles owned and driven for school business by school employees. There is no excess coverage provided to volunteer or student drivers.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_

Signature of Registered Owner of Loaned Vehicle \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_

Reviewed by Teacher/Coach/Athletic Director \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by the Board: **May 24, 1994**

Revised: **January 9, 2002**