



I, _____ will be using the vehicle(s) described below to transport students for the current school year.
(Print Name of (1) Adult Driver)

Student Name(s) _____

Teacher(s) / Coach(es) _____

School Name _____

IMPORTANT: Attach a copy of (1) **Policy Declaration Page** (showing the amounts of coverage), (2) **California Driver's License**

Driver's License No. _____ Issuing State _____ Exp. Date _____

Please answer the following questions:

_____ Yes _____ No - Is your car current in its maintenance according to manufacturer guidelines?

_____ Yes _____ No - Is your car in safe working condition?

_____ Yes _____ No - Are all the safety features of your car operable?

_____ Yes _____ No - Have you ever had a DUI?

I certify that my answers above are true and correct.

Sign _____ Date _____
(Adult Driver of Vehicle)

Email _____ Phone _____

Proof of Insurance and Current Vehicle Registration (must be kept in vehicle)

Policy Number _____ Exp. Date _____ Insurance Company _____

Minimum Liability Required: • \$300,000 Bodily Injury Per Occurrence, • \$100,000 Property Damage Per Occurrence • Private coverage will be primary

Vehicle #1 Make _____ Model _____ Year _____ Vehicle License # _____

Vehicle #2 Make _____ Model _____ Year _____ Vehicle License # _____

Seat Belts. A seat belt must be available for each passenger and each passenger is required to wear a seat belt. Car Seats (CHP). "Children must be secured in an appropriate child passenger restraint (safety or booster seat) in the **back seat** of a vehicle until they are **at least 8 years old or 4'9" height.**"

Number of seat belts available to student passengers in Vehicle #1 _____ Vehicle #2 _____

No student may drive themselves without written permission from a parent/guardian. Written permission must be on file in the Main Office prior to the event. **No student may ever drive another student.**

I am the registered owner of the vehicle listed on this form and I authorize the driver, whose name appears above to use this vehicle to transport him/her and students. I certify that the information provided above is correct and I agree to keep the policy current during the school year. I understand that my insurance, as described above, provides primary coverage.

Sign _____ Date _____
(Owner of Vehicle)

The undersigned has received 1) this completed form, 2) a copy of insurance policy declaration page and 3) a copy of California Driver's License.

Sign _____
(School Administrator or Designee)

Date _____

Insurance/Risk/Safety
25 Churchill Avenue
Palo Alto, CA 94306

650-833-4261

Updated 03/22/2024