SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT
2560 Skyway Drive, Santa Maria, CA. 93455 • (805) 922-4573 ext. 4304

REQUEST TO TRANSPORT STUDENTS

Driver ***(check all that apply)***: □ Certificated □ Classified □ Coach □ Other
I will be driving (***check all that apply***): □ District Vehicle □ Personal Vehicle □ Rental Vehicle

Name: _____ Phone: _____ CDL Number: _____

School Site: _____ School Year: **2026/2027** Events: _____

Insurance Exp. Date: _____ Liability Limits: _____

Year/Make of Auto: _____ Vehicle Registration Exp Date: _____

NOTE: If any other insurance coverage is available to an Employee/Parent/Volunteer, driving their personal vehicle, whether such coverage is called excess over, or pro rata with other valid collectible coverage or not, the coverage afforded by the District's policy shall not apply until such coverage has been exhausted.

I, _____, (employee/coach/other name) **declare, under penalty of perjury, under the laws of the State of California that:**

- I have NOT been convicted of a sex offense under federal, state or local law.
- I have NOT been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.
- (Check all that apply)

  □(If driving personal vehicle) I hold liability insurance coverage with minimum liability limits of $100,000 per person/$300,000 per accident, or $300,000 combined single limit

  □ (If driving district or rental vehicle) I certify (or declare) that I hold at least the minimum insurance required by the state of California.

The Santa Maria Joint Union High School District requires that the following conditions be observed while transporting students: (1) No more than nine students will be transported, (2) all students must be seated in seats which are part of or permanently affixed to the vehicle; (3) all students must wear individual seat belts; (4) obey all traffic rules/laws; (5) no more than two handicapped students who are confined to wheelchairs may be transported in a nine-passenger vehicle; (6) no alcoholic beverages will be transported while students are in the vehicle, and no alcohol, drugs, cigarettes or tobacco will be used; (7) drivers must be over the age of 21.

I have read the district's requirements listed above and agree to abide by them.

Driver's Signature: _____ Date: _____

Please attach a copy of the following: (1) Volunteer Request form ***(if applicable)*** (2) DMV printout dated within 2 months (3) Auto policy declaration page (4) Vehicle registration **(if applicable)** (5) Completed Authorization for Release of Driver Record Information

_____ Approved by: Principal/Athletic Director

_____ Approved by: District Personnel Office

FOR DISTRICT OFFICE USE ONLY ____ Database

6/1/26