

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

SCHOOL DRIVER REGISTRATION FORM

Driver (circle one): Employee Parent/Guardian Volunteer

Name: _____ Date of Birth: _____
Address: _____ Driver's License No.: _____
Telephone No.: (____) _____ Expiration Date: _____
Cell Phone No.: (____) _____

VEHICLE INFORMATION

Name of Owner: _____ Year: _____
Address: _____ Make: _____
_____ License Plate No.: _____
Registration Expiration: _____ Seating Capacity: _____

INSURANCE INFORMATION

Insurance Company: _____ Policy No.: _____
Telephone No.: _____ Expiration Date: _____
Liability Limits of Policy: _____

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 will ensure that all children will be restrained using the appropriate passenger restraint systems.

Name: _____ Date: _____

This School Driver Registration approval is reviewed by:

Administrator

School Site

Completed form to be maintained at school site for current school year.

Exhibit

VACAVILLE UNIFIED SCHOOL DISTRICT

Approved: August 4, 2005

Vacaville, California

Revised: February 15, 2007; September 10, 2007; February 21, 2008; November 11, 2011