

Lucia Mar Unified School District  
**TRANSPORTATION FOR SCHOOL-RELATED TRIPS - DRIVER REGISTRATION FORM**

**Important:** Please **ATTACH A COPY OF YOUR CURRENT DRIVER'S LICENSE AND PROOF OF VEHICLE INSURANCE** when submitting this form. (Copies may be made in the school office.)

**DRIVER INFORMATION:** (check one)  Employee  Parent/Guardian  Volunteer  
 Purpose: (check one)  Curricular  Extra-Curricular

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ Driver's Lic.#: \_\_\_\_\_ Expires: \_\_\_\_\_  
 I can provide transportation for \_\_\_\_\_ (#) of students on this field trip or event.

**FIELD TRIP INFORMATION**

Field Trip & Location or Lucia Mar School & Sport: \_\_\_\_\_  
 Teacher, Supervisor, or Coach: \_\_\_\_\_  
 Date(s) of Trip: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

**VEHICLE INFORMATION**

Name of Registered Owner: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_ License Plate #: \_\_\_\_\_  
 Registration Expiration: \_\_\_\_\_ Manufacturer's Seating Capacity: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

<b>List your Automobile</b>	Bodily Injury:	\$ _____	\$100,000 to \$300,000 per accident
<b>Insurance Policy</b>	Property Damage:	\$ _____	\$25,000 per accident
<b>Liability Limits</b>	Medical:	\$ _____	\$2,000 or single limit of \$300,000

**DRIVER'S STATEMENT** (Please check all boxes that are true)

- I certify that I am at least 21 years of age and possess a valid California Driver's License.
- I HAVE NEVER BEEN CONVICTED** of reckless driving or driving under the influence (DUI) of drugs or alcohol.
- I HAVE BEEN CONVICTED** of reckless driving or DUI of drugs or alcohol. (If true, please attach an explanation of when and the circumstances of the offense(s))
- I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

By signing my name below, I certify that all information provided above is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**DRIVER INSTRUCTIONS:**

**When using your vehicle to transport students on field trips or other school activity/sport trips, please:**

1. Be sure that you are registered with the District for such purposes & have a valid driver's license & current liability insurance at or above the minimum amount required by law per occurrence (as noted above under liability limits).
2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers for which your vehicle was designed. If you have a truck or pickup, carry only as many as can safely sit in the passenger compartment. Students may not ride in the bed of the truck.
4. Require each passenger to use a seat belt. In case of emergency, keep all the students together.