

New Haven Unified School District  
Driver Data Sheet

All prospective drivers must complete the following information (one form per person) and provide current copies of the following:

1. Driver must be twenty-one (21) years of age or over and possess a valid California driver's license.
2. Driver's insurance declarations page must be current as follows:
  - a. Public liability: Minimum \$100,000 per person  
Minimum \$300,000 per accident
  - b. Property damage: Minimum \$100,000 per accident
  - c. Uninsured motorist: Minimum \$60,000 per accident
  - d. Medical: Minimum \$2,000 per accident

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**PART I – Teacher/Group Information and Approval**

School Requesting: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher(s)/Group(s) Driving For: \_\_\_\_\_

Teacher/Group Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART II – Driver Data (Please print)**

A copy of your current driver's license must be attached to this form

Driver's Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
(Parent, Volunteer, Employee)

Address: \_\_\_\_\_ City, Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Age: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Restrictions (If any): \_\_\_\_\_

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**PART III – Vehicle Data (Please print)** \*Vehicle may NOT seat more than one (1) driver and seven (7) passengers

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Sedan  Station Wagon  SUV/ Van

Vehicle License Number: \_\_\_\_\_ State of Registration: \_\_\_\_\_

Legal Owner: \_\_\_\_\_

\*\* Registered Owner: \_\_\_\_\_

\*\* If driver is not the registered owner, please explain: \_\_\_\_\_

*I certify that this vehicle is in safe operating condition, including the condition of the tires, brakes, emergency brakes, windshield wipers, seat belts for all occupants, and other similar safety related items, and that the lights, turn signals, horn, mirrors, and other similar items are in proper working condition. I also certify that the above information is accurate.*

Signature of Registered Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART IV – Insurance Data (Please print)**

Proof of insurance indicating coverage in the amounts noted above must be attached to this form

Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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**PART V – Processing**

Site Administrator: \_\_\_\_\_  Approved  Denied Date: \_\_\_\_\_

District Administrator: \_\_\_\_\_  Approved  Denied Date: \_\_\_\_\_

Transportation Department: \_\_\_\_\_  Approved  Denied Date: \_\_\_\_\_