

CASTRO VALLEY UNIFIED SCHOOL DISTRICT

4400 ALMA AVENUE • P.O. BOX 2146 • CASTRO VALLEY, CALIFORNIA 94546 • (510) 537-3000 • Fax (510) 886-7529

PERSONAL VEHICLE USE FORM**Required Form (if applicable)**

The undersigned acknowledges that the purpose of this Declaration is to establish the primary liability and responsibility of the undersigned driver for any and all claims arising out of undersigned driver's transportation of Castro Valley Unified School District students to and from field trips and excursions and supervised activities. ***In no event may a currently enrolled student drive other students on field trips.***

Student Name: _____ Teacher/Room #: _____

Name: _____ Phone: _____ Relation to Student: _____

Birth Date: _____ Driver's License #: _____ Exp. Date: _____

Year/Make of Auto: _____ Vehicle License #: _____

Insurance Carrier/Agent: _____ Phone: _____

Liability Limits: _____ Policy #: _____

(The School District requires that volunteer drivers carry liability insurance of not less than \$100,000 each person and \$300,000 each accident for Bodily Injury).

Expiration Date: _____ Driving Restrictions: _____

 Photocopy of Driver's License Attached (the district will obtain a driving record check from the California DMV).

 Photocopy of "Proof of Insurance" Attached (Proof of Insurance must indicate expiration date of policy and liability limits).

If you drive your personal automobile while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

I certify that all information given is true and correct. I further certify that: (1) I hold a current valid driver's license and the insurance coverage is in force, (2) the above vehicle is mechanically safe, (3) I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years, (4) each passenger will be provided with a seat belt and that seat belts will be worn at all times, cars with air bags on the passenger side shall not have a child under the age of 12 riding in the front seat, the passenger capacity of the vehicle as determined by the number of seat belts will not be exceeded, and in no event shall more than 9 passengers plus the driver ride in the vehicle at any time, (5) I have received and will abide by the driver instructions provided by the District.

California state law requires that children under the age of 8 must be secured in a car seat or booster seat in the back seat. Children under the age of 8 who are 4'9" or taller may be secured by a safety belt in the back seat. Children 8 years and over shall be properly secured in an appropriate child passenger restraint system or safety belt. Passengers are subject to California's Mandatory Seat Belt law.

I certify that the above information is correct and that the insurance coverage is in force. I understand that if performing work for the School District in the course of my duties I may utilize my personal vehicle, I must have liability insurance coverage and a valid driver's license as required by the State of California. I agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe. I further understand that by serving as a driver I may be required to directly supervise students.

Vehicle Owner Signature_____
Date_____
Driver Signature_____
Date

I HAVE READ THE ABOVE AND APPROVE THE USE OF THIS VEHICLE FOR THE FOLLOWING ACTIVITY:

Administrator's Signature_____
Date