

SCHOOL DRIVER REGISTRATION FORM

Driver (circle one) Employee Parent/Guardian Volunteer

Name _____ Date of Birth _____

Address _____ Driver's License No. _____

_____ Expiration Date _____

Telephone No. _(____) _____

VEHICLE INFORMATION

Name of Owner _____ Year _____

Address _____ Make _____

_____ License Plate No. _____

Registration Expires _____ Seating Capacity _____

INSURANCE INFORMATION

Insurance Company _____ Policy No. _____

Telephone No. _____ Expiration Date _____

Liability Limits of Policy _____

(Required by Board Policy AR 3541.1 Drivers shall be required to possess a valid California driver's license and liability insurance of at least \$100,000 per occurrence.)

Owners, drivers and passengers shall be informed that the registered owner and his/her insurance company are responsible for any accidents which may occur. District personnel who frequently transport students in their private vehicles are urged to carry liability insurance of \$300,000 or more per occurrence.)

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.

Name _____

Date _____