

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.: _____

_____ 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: _____

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 _____

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DRIVER INSTRUCTIONS

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

1. Be sure that you have registered with the district for such purposes and have a valid driver's license and current liability insurance at or above the minimum amount required by law for each occurrence.
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.
4. Require each passenger to use a safety belt.

In case of emergency, keep all the children together and call _____.