

SCHOOL DRIVER REGISTRATION FORM

DRIVER (check one) Employee Parent Volunteer Student

Name _____ Date of Birth _____

Address _____ Driver's License No. _____

Expiration Date _____

Telephone No. _____

Driver is over 21

VEHICLE*

Name of Owner _____

Year _____

Address _____

Make _____

License Plate No. _____

Registration _____

Expires _____

Seating Capacity must equal number of seat belts

No. of Operational Seat Belts _____

Operational Brakes Yes No

Operational lights: Headlights Yes No

Working Windshield Wipers Yes No

Brake Lights Yes No

Turn Signals Yes No

INSURANCE INFORMATION (Attach copy of insurance card)

Insurance Company _____

Policy No. _____

Expiration Date _____

Liability Limits of Policy _____

(The minimum acceptable liability limit for privately-owned vehicles is \$100,000 per occurrence. If you transport students often, it is recommended that your coverage be \$300,000 per occurrence.)

Name of Agent _____

Telephone No. _____

I certify 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.

The district is authorized to obtain my driving record from the Department of Motor Vehicles.

Signature _____

Date _____

(Parent signature if driver is a student)

This form is valid for school year _____.

*Due to safety concerns, students may not be transported in a ; /15-passenger van for any reason. 8-passenger *qt 'hguu+ o lpk'xcpu'are allowed.