SCHOOL DRIVER REGISTRATION FORM

Name	Date of Birth
Address	Driver's License No
	Expitation Date
Telephone No.	Driver is over 21
<u>VEHICLE</u> *	
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 Working Windshield Wipers Yes No	Operational lights: Headlights Yes No Brake Lights Yes No
INSURANCE INFORMATION (Attach copy of insura	Turn Signals Yes No ance card)
Insurance Company	<u> </u>
Policy No.	Expiration Date
Liability Limits of Policy	
(The minimum acceptable liability limit for privately- transport students often, it is recommended that your co	
Name of Agent	_
Telephone No	_
I certify that the information given above is true and insurance coverage shall bear primary responsibility fo	
The district is authorized to obtain my driving record fi	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 transport	ted in a ; /15-passenger van for any reason. 8-passenger *gt'n

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