

SCHOOL DRIVER REGISTRATION FORM

DRIVER (check one) Employee Parent Volunteer Student

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Telephone No. \_\_\_\_\_

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 vans (or less) are allowed.