

**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 \_\_\_\_\_