

I, \_\_\_\_\_ will be using the vehicle(s) described below to transport students for the current school year.  
*(Print Name of (1) Adult Driver)*

Student Name(s) \_\_\_\_\_

Teacher(s) / Coach(es) \_\_\_\_\_

School Name \_\_\_\_\_

**IMPORTANT:** Attach a copy of (1) **Policy Declaration Page** (showing the amounts of coverage), (2) **California Drivers License**

California Drivers License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Driving Record.** I certify that I have not had a DUI (driving under the influence) violation nor had my license suspended during the last three years. In addition, I certify that my car is current in its maintenance according to manufacturer guidelines, that the car is in safe working condition, and that all safety related features of the car are operable.

Sign \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_  
*(Adult Driver of Vehicle)*

Email \_\_\_\_\_ Cell \_\_\_\_\_

**Proof of Insurance and Current Vehicle Registration** (must be in automobile)

Policy Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Insurance Company \_\_\_\_\_

**Minimum Liability Required:** ♦ \$300,000 Bodily Injury Per Occurrence, ♦ \$100,000 Property Damage Per Occurrence ♦ Private coverage will be primary

Vehicle #1 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Vehicle License # \_\_\_\_\_

Vehicle #2 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Vehicle License # \_\_\_\_\_

**Seat Belts.** A seat belt must be available for each passenger and each passenger is required to wear a seat belt. Car Seats (CHP). "Children must be secured in an appropriate child passenger restraint (safety or booster seat) in the **back seat** of a vehicle until they are **at least 8 years old or 4'9" height.**"

Number of seat belts available to student passengers in Vehicle #1 \_\_\_\_\_ Vehicle #2 \_\_\_\_\_

**No student may drive him/herself without written permission from a parent/guardian.** Written permission must be on file in the Main Office prior to the event. **No student may ever drive another student.**

I am the registered owner of the vehicle listed on this form and I authorize the driver, whose name appears above to use this vehicle to transport him/her and students. I certify that the information provided above is correct and I agree to keep the policy current during the school year. I understand that my insurance, as described above, provides primary coverage.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
*(Owner of Vehicle)*

The undersigned has received 1) this completed form, 2) a copy of insurance policy declaration page and 3) a copy of California Drivers License.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
*(School Administrator or Designee)*



**Insurance/Risk/Safety**  
 25 Churchill Avenue  
 Palo Alto, CA 94306  
 650-329-3735