

School Driver Registration Form for Van and Private Vehicles

DRIVER INFORMATION (Check one): Employee Parent/Guardian Volunteer

Name: _____ Date of

Birth: _____

Address: _____

Telephone: _____

Driver's License No. _____ (Attach copy of driver's license)

Expiration Date: _____

VEHICLE INFORMATION

Name of

Owner: _____

Address: _____

Make/Model: _____

Year: _____

License Plate No. _____

Registration Expiration

date: _____

Seating Capacity: _____

INSURANCE INFORMATION (Attach copy of Policy)

Insurance Company: _____

Policy

No. _____

Liability Limit of Policy: _____

Expiration Date: _____

Phone number: _____

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.

I certify that I have received and will abide by the driver instructions provided by the district.

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

Signature: _____ Date: _____