

Business and Noninstructional Operations

TRANSPORTATION FOR SCHOOL RELATED TRIPS

E 3540.2

SCHOOL DRIVER REGISTRATION FORM

Driver (check one): [] Employee [] Parent/Guardian [] Volunteer

Name: _____ Date of Birth: _____

VEHICLE INFORMATION:

Name of Owner: _____ Year: _____

Address: _____ Make: _____

_____ License Plate No.: _____

Registration Expiration: _____ Seating Capacity: _____

INSURANCE INFORMATION:

Insurance Company: _____ Policy No.: _____

Telephone No.: _____ Expiration Date: _____

Liability Limits of Policy: \$ _____

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 will ensure that all children will be restrained using the appropriate passenger restraint systems.

Name _____ Date _____

DRIVER INSTRUCTIONS:

When using your vehicle to transport students on field trips or other school activity trips, please:

1. Be sure that you have registered with the district for such purposes, have a valid driver's license and current liability insurance at or above the minimum amount required by law for each occurrence.
2. Check vehicle safety: tires, brakes, lights, horn, seat belts for each rider, suspension, etc.
3. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
4. Require each passenger to use an appropriate passenger restraint system (child car seat or booster seat) or safety belt in accordance with law.

In case of emergency, keep the children together and call 911 and the district office (408-201-6052).

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