

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

SCHOOL DRIVER REGISTRATION FORM

Driver (circle one): Employee Parent/Guardian Volunteer

Name: _____ Date of Birth: _____

Address: _____ Driver's License No.: _____

Telephone No.: () _____ Expiration Date: _____

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: _____