



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 Driver's License**

Driver's License No. \_\_\_\_\_ Issuing State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Please answer the following questions:**

\_\_\_\_\_ Yes \_\_\_\_\_ No - Is your car current in its maintenance according to manufacturer guidelines?

\_\_\_\_\_ Yes \_\_\_\_\_ No - Is your car in safe working condition?

\_\_\_\_\_ Yes \_\_\_\_\_ No - Are all the safety features of your car operable?

\_\_\_\_\_ Yes \_\_\_\_\_ No - Have you ever had a DUI?

**I certify that my answers above are true and correct.**

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

☐ **Proof of Insurance and Current Vehicle Registration** (must be kept in vehicle)

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 themselves 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 Driver's License.

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

Date \_\_\_\_\_

**Insurance/Risk/Safety**

25 Churchill Avenue  
Palo Alto, CA 94306

650-833-4261

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