## **Driver's Information**

School Information School Name  Name Of Driver	Grade Level(s) Driver's License #
Make/Model/Yr. Vehicle	License Plate #
Insurance Company	
Note: Driver must meet the California's V.C. \$15,000-\$30,000 - \$5000 Bodily Injury / Propand have a valid California Drivers License.)  I hereby understand and agree that the Cupertany coverage against loss for Personal Injury Damage that may occur through the operation knowledge my vehicle is in good condition at operation of the vehicle.	perty Damage. (Must be 25 years or older tino Union School District does not provide Liability, Bodily Injury, and Property n of any personal vehicle. To the best of my
Signature of Driver/Owner	Date
Signature of Administrator	Date
Date of Trip Destination Estimated Miles	
Date of Trip Destination Estimated Miles	Date of Return Purpose of Trip
Date of Trip Destination Estimated Miles	Date of ReturnPurpose of Trip

<sup>\*</sup> This report should be kept on file in the school office for one year.