

Original Adopted Date: 03/01/2002 | **Last Revised Date:** 11/01/2007 | **Last Reviewed Date:** 11/01/2007

SCHOOL DRIVER REGISTRATION FORM

DRIVER INFORMATION

Driver (circle one): Employee Parent/Guardian Volunteer

Name: _____ Date of

Birth: _____

Address: _____

Telephone: () _____ Cell Phone:

() _____

Driver's License No.: _____ Expiration

Date: _____

VEHICLE INFORMATION

Name of

Owner: _____

Address: _____

Make: _____ Year: _____ License Plate

No.: _____

Registration Expiration: _____ Seating

Capacity: _____

INSURANCE INFORMATION

Insurance Company: _____ Telephone:

() _____

Policy 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 have received and will abide by the driver instructions provided by the district.

Name: _____ Date: _____
