



SCHOOL DRIVER REGISTRATION FORM

DRIVER INFORMATION

Driver (check 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: _____

Exhibit: SANTA BARBARA UNIFIED SCHOOL DISTRICT
Version: June 17, 2008 Santa Barbara, California

Transportation for School-Related Trips – Exhibit 3541.1 (1)