

**Transportation for School Related Trips  
School Driver Registration Form**

**DRIVER** (circle one):

Employee

Parent/Guardian Volunteer

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

(Attach copy)

Telephone Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**VEHICLE INFORMATION**

Name of Owner: \_\_\_\_\_

Year: \_\_\_\_\_

Address: \_\_\_\_\_

Make: \_\_\_\_\_

\_\_\_\_\_

License Plate #: \_\_\_\_\_

Registration Expires: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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 the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must possess a valid driver's license, have the proper and current license and vehicle registration, and have at least the minimum insurance coverage in effect as specified in the California Vehicle Code on any vehicle used to transport students. I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have no knowledge of mechanical defects that could impose a danger while transporting students. I certify that I will ensure that all children will be restrained using the appropriate passenger restraint system.

I give my permission to allow El Segundo High School to obtain my motor vehicle record from the Department of Motor Vehicles.

Name: \_\_\_\_\_

Date: \_\_\_\_\_