

ORLAND UNIFIED SCHOOL DISTRICT

SCHOOL DRIVER CERTIFICATION FORM

CIRCLE ONE: Mill Street Fairview C.K. Price Orland High School Alt. Ed.

Driver (please circle one): Employee Parent Volunteer

Name _____ Date of Birth _____

Address _____ Driver's License Number _____

Expiration Date _____

Volunteers Note: Department of Motor Vehicles H6 Printout Required (DMV Office Only)

Vehicle

Name of Owner _____ Make _____ Year _____

Address _____ License Plate # _____

Seating Capacity _____

Registration Expires: _____ Number of Seat Belts _____

Insurance Information

Insurance Company _____

Policy # _____ Expiration Date _____

Liability Limits of Policy _____

(The minimum acceptable liability for privately owned vehicles is \$100,000 per occurrence. If you transport students often, it is recommended that your coverage be \$300,000 per occurrence.)

Name of Agent _____ Telephone (____) _____

I certify 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.

Signature _____ Date _____

DRIVER INSTRUCTION FORM

When using your vehicle to transport students on field trips or other school activity trips, please:

- Be sure that you have a valid driver's license and current liability insurance of at least \$100,000 per occurrence.
• Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
• Carry only the number of passengers for which your vehicle was designed. If you have a truck or pickup, carry only as many as can safely sit in the passenger compartment.
• Require each passenger to use a safety belt.

Transportation Supervisor _____ Date _____ Cleared []