

Parents: If you plan on driving for a school field trip during the school year, please fill out this form and return it to your child's teacher. A list of eligible drivers will be distributed to all teachers. EACH PERSON NEED SUBMIT ONLY ONE FORM, EVEN IF YOU WILL BE DRIVING FOR MORE THAN ONE CLASS.

Wilmar Union School District

E 3541.1

SCHOOL DRIVER CERTIFICATION FORM

DRIVER: (circle one)    Employee    Parent/Guardian    Volunteer

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Driver's License # \_\_\_\_\_ Exp \_\_\_\_\_  
\_\_\_\_\_ Telephone # \_\_\_\_\_

VEHICLE

Name of Owner \_\_\_\_\_ Year \_\_\_\_\_  
Address \_\_\_\_\_ Make \_\_\_\_\_  
\_\_\_\_\_ License \_\_\_\_\_  
Registration Expires \_\_\_\_\_ Seating Capacity \_\_\_\_\_ Number of Seat Belts \_\_\_\_\_

INSURANCE INFORMATION

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Liability Limits of Policy \_\_\_\_\_

(The minimum acceptable liability limit 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 Number \_\_\_\_\_

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.

Name \_\_\_\_\_ Date \_\_\_\_\_

A copy of your policy must be on file in the school office. (We'll make the copy if you bring it by the office.)