

APPLICATION TO DRIVE PRIVATE VEHICLE FOR SCHOOL FUNCTION

(To Remain Valid for One (1) Year or Until Driver's License or Insurance Policy Expires)

Drivers must be 21 years of age or older

DRIVER

(attach copy of Driver's License)

(check one)

Employee

Parent

Volunteer

Name _____

Phone _____

Address _____

Date of Birth _____

Driver's License _____

Expiration Date _____

Vehicle

Name of owner _____

Year & Make _____

Address _____

License Plate # _____

No. of Seat Belts _____

Insurance Information

(attach a copy of your insurance policy)

Insurance Company _____

Policy # _____

Expiration Date _____

Liability Limits _____

BODILY INJURY: Combined Single Limit \$500,000 (recommended)

PROPERTY DAMAGE: \$100,000 (recommended)

MEDICAL PAYMENTS: \$10,000 (not required but recommended)

Driving Record

(attach copy of DMV Printout)

[DMV Printout Request \(Click Here\)](#)

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 damage.

Signature _____ Date _____

Acknowledgment that the above information has been reviewed and all Necessary forms are attached and comply with District Policy.

Office Manager _____ Date _____