

School Year _____

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
SCHOOL DRIVER REGISTRATION FORM

DRIVER INFORMATION: (print) PLEASE CHECK: Employee ___ Parent ___ Volunteer ___

Name: _____ Phone No.: () _____

Address: _____
Street City State Zip Code

Driver's License No.: _____ Expiration Date: _____ Birth Date: _____

Please attach a current copy of your Driver's License.

VEHICLE INFORMATION: (print)

Make: _____ Year: _____

Registered Owner: _____ Seating Capacity: _____

Address: _____
Street City State Zip Code

Vehicle License No.: _____ Registration Expiration Date: _____

INSURANCE INFORMATION: (print)

Insurance Carrier: _____ Phone No.: () _____

Policy No: _____ Expiration Date: _____

Please attach a current copy of your policy Declaration Page showing the limits of insurance.

Board Policy requires that a volunteer driver possess automobile insurance coverage with at least \$300,000 of liability coverage per occurrence, combined single limit and property damage coverage of \$10,000 and passenger medical coverage of \$5,000 per passenger.

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. I agree not to accept a volunteer driving assignment should my driver's license be revoked or suspended or if my automobile insurance fails to meet District requirements.

(Signature)

(Date)

(Print Name)

Name of Verifying School Staff