



Field Trip and Athletics Private Vehicle Form - Volunteer Adult Drivers (Separate Form Required for Each Driver)

PALO ALTO UNIFIED SCHOOL DISTRICT
25 Churchill Avenue • Palo Alto, CA 94306

I, \_\_\_\_\_ will be using the vehicle(s) described below to transport students for the current school year.
Print name of Adult Driver

Student Name(s) \_\_\_\_\_
Teacher / Coach(es) \_\_\_\_\_
School Site \_\_\_\_\_

IMPORTANT: ATTACH A COPY OF POLICY DECLARATION PAGE, SHOWING THE AMOUNTS OF COVERAGE AND CALIFORNIA DRIVERS LICENSE TO THIS PAGE.

California Drivers License (current)
License # \_\_\_\_\_ Expiration Date \_\_\_\_\_
Driving Record
I certify that I have not had a DUI (driving under the influence) violation nor had my license suspended during the last three years. In addition, I certify that my car is current in its maintenance according to manufacturer guidelines, that the car is in safe working condition, and that all safety related features of the car are operable.
Signed \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_
(Adult Driver of Vehicle)
Email \_\_\_\_\_ Cell \_\_\_\_\_

Proof of Insurance and Current Vehicle Registration (must be in automobile)
Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Insurance Company \_\_\_\_\_
Minimum Liability Required: \$300,000 Bodily Injury Per Occurrence, \$100,000 Property Damage Per Occurrence. Private coverage will be primary.
Vehicle #1 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Vehicle License # \_\_\_\_\_
Vehicle #2 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Vehicle License # \_\_\_\_\_
Seat Belts. A seat belt must be available for each passenger and each passenger is required to wear a seat belt.
Number of seat belts available to student passengers in Vehicle #1: \_\_\_\_\_ Vehicle #2: \_\_\_\_\_
Car Seats (DMV). "Any child under the age of six years and weighing less than 60 lbs., must be secured in a federally-approved child passenger restraint system and ride in the back seat of a vehicle."

No student may drive him/herself without written permission from a parent/guardian. Written permission must be on file in the Main Office prior to the event. No student may ever drive another student.

I am the registered owner of the vehicle described on this form and I authorize the driver, whose name appears above to use this vehicle to transport him/her and students. I certify that the information provided above is correct and I agree to keep the policy current during the current school year. I understand that my insurance, as described above, provides primary coverage.
Signed \_\_\_\_\_ Date \_\_\_\_\_
(Owner of Vehicle)

The undersigned school Administrator or designee certifies that s(he) has received 1) this form completed by the driver and/or owner, 2) copy of declaration page and 3) copy of valid and current California Drivers License.
Signature \_\_\_\_\_ Date \_\_\_\_\_