



**TRANSPORTATION FOR SCHOOL-RELATED TRIPS**

**School Volunteer Driver Registration Form**

This form must be completed annually, or if your insurance policy changes.

School: \_\_\_\_\_ School Year: \_\_\_\_\_

**DRIVER INFORMATION**

*Driver (Mark one):* \_\_\_ **Employee** \_\_\_ **Parent/Guardian** \_\_\_ **Volunteer**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**VEHICLE INFORMATION**

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Make and Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate No.: \_\_\_\_\_

Registration Expiration Date: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_  
 (Passenger Seats with Belts)

Has driver ever been cited for any moving traffic violations in the past year?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please attach an explanation. Indicate number of violations and circumstances.

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Liability Limits of Policy: \_\_\_\_\_

**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, a minimum of \$100,000 per person, \$300,000 per occurrence, and \$50,000 property damage per accident, shall bear primary responsibility for any losses or claims for damages. As proof of insurance, a copy of your Auto Insurance Declaration Page showing limits of liability is **REQUIRED**.

**NOTE:** If you drive your personal automobile while on District business and you are involved in accident, by law your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

I certify that I have received and will abide by the driver instructions provided by the district.

\_\_\_\_\_  
 Signature of Driver Date

\_\_\_\_\_  
 Signature of Principal Date

OFFICE USE ONLY:  
 DATE RECEIVED: \_\_\_\_\_  
 \_\_\_ APPROVED \_\_\_ DENIED



# CABRILLO UNIFIED SCHOOL DISTRICT

498 Kelly Ave, Half Moon Bay, CA 94019 • 650 712-7100 • Fax 650 726-0279 • www.cabrillo.k12.ca.us

## TRANSPORTATION FOR SCHOOL-RELATED TRIPS

### DRIVER INSTRUCTIONS / VEHICLE REQUIREMENTS

**DRIVER: PLEASE KEEP THESE INSTRUCTIONS FOR YOUR INFORMATION**

The teacher / trip organizer is required to submit a driver list to the school office at least one week prior to the trip. Please submit the following documents to the office:

- Completed "School Driver Registration Form"
- Copy of your valid Driver's License
- Copy of your auto insurance Declaration Page showing limits of liability

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

1. Field trip permission form must state parent/guardian transportation when privately owned vehicles are used for field trips.
2. A volunteer driver will be at least 21 years of age unless specific approval has been given for a younger driver by the superintendent or designee.
3. Be sure that you have registered with the school site for such purposes and have a valid driver's license and current liability insurance at or above the minimum amount required by law for each occurrence.
4. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc. It is expected that all vehicles be maintained in a safe condition in compliance with all applicable motor vehicle requirements.
5. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment. Students are not to be transported in an open vehicle.
6. Require each passenger to use an appropriate child restraint system (child car seat or booster seat) or safety belt in accordance with law. No child under the age of 12 shall ride in a seat containing an air bag.
7. Do not smoke a pipe, cigar, or cigarette while there are minors in the vehicle, as required by law.
8. Obey all traffic laws.
9. Take the most direct route to the destination or even without unnecessary stops

**In case of emergency, keep all students together, call 911 immediately and call the school site and District office**

HATCH ELEMENTARY SCHOOL: (650) 712- 7160 x5000  
EL GRANADA ELEMENTARY SCHOOL: (650) 712-7150  
FARALLONE VIEW ELEMENTARY SCHOOL: (650) 712-7170  
KINGS MOUNTAIN ELEMENTARY SCHOOL: (650) 712-7180

CUNHA INTERMEDIATE SCHOOL: (650) 712-5180  
HALF MOON BAY HIGH SCHOOL: (650) 712-7200 x5060, 5000  
PILARCITOS HIGH SCHOOL: (650) 712-7224 x5000  
CABRILLO UNIFIED SCHOOL DISTRICT: (650) 712-7100