



R O S S V A L L E Y S C H O O L D I S T R I C T

EDUCATIONAL FIELD TRIP DRIVER FORM

Student Name: _____

Teacher: _____ Room: _____

PLEASE FILL OUT THIS FORM IN ITS ENTIRETY AND DON'T FORGET TO SIGN THE BACK. MUST BE TURNED IN ONE WEEK PRIOR TO FIELD TRIP. THANK YOU!

Thank you for volunteering your services to assist in transporting children, **including if you are only driving your own child**, on a school-sponsored activity or activities. Prior to using a private automobile for an educational field trip, the driver must complete, sign, and have this form on file in the school office. This form must be completed at least once each school year and each time the information on the form changes.

DRIVER INFORMATION

Driver (circle one): Employee Parent/Guardian Volunteer

Name: _____ Date of Birth: _____

Address: _____

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

Telephone Number: () _____ Cell Phone Number: () _____

VEHICLE INFORMATION

Name of Owner: _____ Year: _____ Color: _____

Address: _____ Make: _____ Model: _____

License Plate No.: _____ Registration Expiration _____ Seating Capacity: _____
(Excluding front passenger seat if there is a front passenger air bag)

INSURANCE INFORMATION MUST BE ATTACHED

Insurance Company: _____ Expiration Date: _____

****A copy of your insurance "Declaration Page" showing policy limits, names and vehicle insured and expiration date must be attached to this form**** If your policy expires during the school year, please provide updated information to the school office. Proof of insurance cards are not accepted. "Continuous until Canceled" is not accepted as an expiration date.

REQUIRED LIMITS: Bodily Injury: \$100,000/\$300,000 Property Damage: \$ 25, 000

CONTINUED ON REVERSE

CONDITIONS / RESTRICTIONS

- The vehicle capacity is one passenger per seat belt. All passengers shall use their seat belts.
- **No child may sit in a front seat with an airbag.** Use of child car seats shall be in accordance with law.
- The vehicle is in a safe operating condition based on inspection by me as to lights, horn, turn signals, brakes, tires, and suspension.
- I have no physical limitations that would adversely affect my ability to drive safely.
My cell phone will be used only in the case of an emergency while on District business.
- I am not taking any medication that would adversely affect my ability to drive safely.
- I have no prior convictions within the last 5 years for driving under the influence, nor will I consume any alcoholic beverages or other drugs while on a school-sponsored trip or excursion.

Please Note: If you drive your personal automobile while on district business and you are involved in an 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.

AGREEMENT

I CERTIFY THE ABOVE INFORMATION IS CORRECT AND THE INSURANCE COVERAGE IS IN FORCE AND AGREE TO ADVISE THE DISTRICT IN WRITING OF ANY CHANGES IN THE ABOVE INFORMATION. I UNDERSTAND THAT MY INSURANCE IS PRIMARY IN CASE OF AN ACCIDENT AND THAT THE ROSS VALLEY SCHOOL DISTRICT ACCEPTS NO RESPONSIBILITY FOR DAMAGE OR LOSS TO MY VEHICLE. ALL PASSENGERS WILL WEAR SEAT BELTS AND I WILL NOT PUT A CHILD IN THE FRONT SEAT IF THERE IS AN AIRBAG.

Signature of Driver _____ Date _____

Principal's Approval _____ Date _____

Note: This form expires June 30 and must be renewed each year as well as during the school year each time the information on the form changes.