



Atascadero Unified School District

**TRANSPORTATION FOR SCHOOL-RELATED TRIPS**

Transportation For Activity

Driver (circle one):            Employee            Parent/Guardian            Volunteer

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

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

Driver's License No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

**VEHICLE INFORMATION**

Name of Owner: \_\_\_\_\_ Make and Model: \_\_\_\_\_

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

Year: \_\_\_\_\_ License Plate No.: \_\_\_\_\_ Registration Expires: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Telephone 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 shall bear primary responsibility for any losses or claims for damages.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSPORTATION FOR SHOOOL-RELATED TRIPS**

In many situations, voluntary activity drivers are needed to provide transportation for students to and from various activities. In order to provide this transportation in a manner which insures efficient operation, maximum safety for the students, and a clear understanding of the obligations being undertaken by voluntary drivers, please complete the following questions by circling yes or no and signing on the bottom:

1. I have a valid California motor vehicle driver's license Yes    No

**TRANSPORTATION FOR SCHOOL-RELATED TRIPS-continued**

- 2. I have an insurance policy, in effect, covering my automobile for Bodily Injury and Property Damage. Yes No
- 3. I have received no citation for reckless driving in the past 5 years. Yes No
- 4. I have had no automobile accident which resulted in injury to any party during the past 5 years or which resulted from an unsafe act on my part. Yes No
- 5. I agree to abstain from the use of alcoholic beverages during times which affect my services as an activity driver. Yes No
- 6. I agree to follow any reasonable directions of the teacher in charge of the activity in matters such as departure times, itinerary, supervision of students, etc. Yes No

Authorized drivers are protected for liability under the school district's insurance program.

**MUST BE FILED IN THE PRINCIPAL'S OFFICE PRIOR TO THE ACTIVITY INVOLVED**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Approval

\_\_\_\_\_  
Date

**DRIVER INSTRUCTIONS**

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

- 1. Be sure that you have registered with the District Transportation Department for such purposes and have a valid driver's license and current liability insurance on file above the minimum amount required by law for each occurrence.
- 2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
- 3. Carry only the number of passengers for which your vehicle was designed. If you have a truck or pickup, carry only as many as can safely sit in the passenger compartment.
- 4. Require each passenger to use a safety belt.

In case of emergency, keep all the children together and call 462-4250 or any emergency number listed in the vehicle.

*E(2) 3541.1/AR 3541.1  
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