

SCHOOL YEAR

**PRIVATE CAR TRAVEL CHECK
FOR
FIELD, ATHLETIC AND ACTIVITY TRIPS**

I, _____ will be using the automobile described below to transport students to _____
(DRIVER'S NAME) (SPORT/ACTIVITY) for _____ (SEASON/EVENT)

VEHICLE OWNER'S NAME: _____
ADDRESS: _____
VEHICLE MAKE: _____ YEAR AND MODEL: _____
VEHICLE LICENSE NUMBER: _____
REGISTRATION EXPIRATION: _____ SEATING CAPACITY: _____

CHECK BOX IF
REQUIREMENT
IS SATISFIED

DRIVER (circle one): Employee Parent/Guardian Volunteer Student
NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____
DRIVER'S LICENSE NO: _____ EXPIRATION DATE: _____
TELEPHONE NO.: _____

PROOF OF INSURANCE [Must be in vehicle]
INSURANCE COMPANY: _____ POLICY NO.: _____
TELEPHONE NO.: _____ EXPIRATION DATE: _____
LIABILITY LIMITS OF POLICY: _____
MINIMUM COVERAGE: \$ 2,000 – medical
\$100,000 - per occurrence / \$300,000 aggregate – bodily injury
\$ 10,000 – property damage

SAFETY CHECK [Self-Check]
The following have been inspected and are in safe working condition:
TIRES BRAKES LIGHTS TURN SIGNALS

SEAT BELTS
A seat belt is available for each passenger. Each passenger will be required to wear a seat belt.

DRIVING RECORD
I certify that I have not had my license suspended during the last five years.

DRIVER INSTRUCTIONS: 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. You are not allowed to transport more than 9 students or use a vehicle that will hold more than 9 students plus the driver.
Do not smoke a pipe, cigar, or cigarette while there are minors in the vehicle, as required by law.
In case of emergency, keep all the children together and call 911 and the district office at 408-522-2200.

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 the information given above is true and correct.

SIGNED _____
DRIVER OF VEHICLE

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/herself and other students. I understand if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages. I certify that the information provided above is correct.

SIGNED _____
OWNER OF VEHICLE