

### School Driver Registration Form

\_\_\_\_\_  
School Date

\_\_\_\_\_  
Driver Name (please print clearly) Date of Birth

Circle One:    Employee        Parent/Guardian        Volunteer

\_\_\_\_\_  
Address Phone Number

\_\_\_\_\_  
Driver's License Number Expiration Date

**VEHICLE INFORMATION:**

\_\_\_\_\_  
Name of Vehicle Owner Year of Vehicle

\_\_\_\_\_  
Address of Vehicle Make of Vehicle

\_\_\_\_\_  
License Plate Number Registration Expiration Date Seating Capacity

**INSURANCE INFORMATION:**

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Insurance Telephone Number Policy Number 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.

I certify that I will ensure that all children will be restrained using the appropriate passenger restraint systems.

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