



Field and Study Trip / Athletics Private Car Travel Check

PALO ALTO UNIFIED SCHOOL DISTRICT
25 Churchill Avenue • Palo Alto, CA 94306

Student Name(s) _____ Teacher _____

School Site _____

I, _____ will be using the automobile described below to transport students for the 2008-2009 school year.
(Name of Driver)

Valid California Drivers License

License Number _____ Expiration Date _____

Driving Record

I certify that I have not had a DUI (driving under the influence) violation nor had my license suspended during the last three years. In addition, I certify that my car is current in its maintenance according to manufacturer guidelines, that the car is in safe working condition, and that all safety related features of the car are operable.

Signed _____ Date _____

(Driver of Vehicle)

Phone number _____ E-mail _____

Proof of Insurance (Domestic/International) and Valid Vehicle Registration (Must be in Automobile)

(Make a copy of declaration page or insurance card and attach to this form.)

Policy Number _____ Expiration Date _____ Insurance Company _____

Minimum Coverage: \$300,000 per occurrence, bodily injury/property damage insurance. Private coverage will be primary.

Vehicle Make _____ Year _____ Model _____

Vehicle License Number _____

Seat Belts

A seat belt must be available for each passenger. Each passenger will be required to wear a seat belt.

Number of seatbelts available to students _____

Car Seats (DMV)

"Any child under the age of six, weighing less than 60 pounds must be secured in a federally approved child passenger restraint system and ride in the back seat of the vehicle."

NO STUDENT MAY DRIVE HIM/HERSELF WITHOUT WRITTEN PERMISSION FROM A PARENT.

NO STUDENT MAY EVER TRANSPORT ANOTHER STUDENT.

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/her and students. I certify that the information provided above is correct. I understand that my insurance, as described above, provides primary coverage.

Signed _____ Date _____

(Owner of Vehicle)

No use of a private car will be allowed absent proof of insurance.

The undersigned school official certifies that s(he) has received (1) this form completed by the driver, as well as (2) evidence of insurance.

Signed _____ Date _____

(School Official)