

Amador County Unified School District

SCHOOL DRIVER REGISTRATION FORM

School: _____

Driver (circle one)

Employee

Parent/Guardian

Volunteer

Name: _____

Date of Birth: _____

Address: _____

Drivers License No. _____

Expiration Date: _____

VEHICLE INFORMATION

Name of Owner: _____

Year _____

Address: _____

Make _____

License Plate No _____

Registration expires: _____

Seating Capacity: _____

INSURANCE INFORMATION

Insurance Company _____

Policy No. _____

Telephone No _____

Expiration Date: _____

Liability Limits of Policy _____

****Provide a copy of current Driver's License, "Proof of Insurance" Card.**

DRIVER STATEMENT

I certify that I have read the District's "Private Vehicle Requirements" and the information listed above is true. 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 hereby waive all claims against Amador County Unified School District/ACOE for injury, accident, illness or death occurring during, or by reason of, this field trip or excursion.

Name _____
(Signature)

Date _____

The School will be notified when this form has been processed and is on file in the School District Transportation Office
Parents/Guardians: School Driver Registration Form must be submitted annually