



To All Drivers: School: _____ Year: _____
Please complete and sign this notice to indicate that you meet the minimum requirements for transporting school children.

1. Insurance Requirements (Minimum) (Must provide a copy of insurance policy to the school.)

Public Liability - Bodily Injury: \$100,000/300,000 per occurrence

Property Damage: \$50,000 per occurrence Medical Payments: \$5,000 per occurrence

2. Number of Passengers (Exclusive of Driver)

The maximum number of passengers shall not exceed the number of passengers the vehicle is designed to carry, and in no instance to exceed nine passengers. Students must be in seats, must wear seat belts, and may not be transported in the back of a pickup or truck or on the floor of a vehicle. Students under 8 years old must be in a rear seat in an appropriate child passenger restraint system, unless the student is 4'9" or taller, in which case a safety belt may be used.

3. Age of Driver

The automobile must at all times be driven by an adult driver age 21 or older who possesses a valid California driver's license.

4. Vehicle Requirements

The automobile must be mechanically sound as well as occupied and operated in a safe manner. It must be occupied according to the manufacturer's specifications. The vehicle's registration must be current.

5. Insurance Coverage for Personal Injury to Volunteer Driver

The Livermore Valley Joint Unified School District provides Worker's Compensation insurance coverage for personal injury to authorized volunteer drivers transporting school children.

6. ☐ I have never been convicted, nor am I currently under charge, for any felony offense.
7. ☐ I have not had any major traffic violations and I have not had an SR22 filing within the past 10 years.
8. ☐ I understand and agree to these transportation requirements and do carry the above insurance.

Driver #1 Signature: _____

Driver #1 Name: _____

#1 Address: _____

#1 Driver's License #: _____

DL Expires: _____ #1 Phone #: _____

Driver #2 Signature _____

Driver #2 Name: _____

#2 Address: _____

#2 Driver's License #: _____

DL Expires: _____ #2 Phone: _____

Vehicle #1 Make and Model: _____ Vehicle Color: _____

Vehicle License: _____ I have _____ seatbelts for students (non-air bag seats) I carry a cell phone. #: _____

Insurance Co.: _____ Expires On: _____

Vehicle #2 Make and Model: _____ Vehicle Color: _____

Vehicle License: _____ I have _____ seatbelts for students (non-air bag seats) I carry a cell phone. #: _____

Insurance Co.: _____ Expires On: _____

Student's Name: _____ Teacher/Group: _____

Note: Completed form and *copy of insurance must be returned to the school office to be kept on file.

A NEW FORM IS TO BE COMPLETED EACH NEW SCHOOL YEAR.