



## PERSONAL VEHICLE USAGE FORM FOR TRANSPORTING STUDENTS

Prior to completing this form, please read the Guidelines for Parent Participation on Field Trips, located in the Parent Participation Packet. Please complete this form and return it to the campus principal for review and approval.

### DRIVER AND INSURANCE INFORMATION

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
Moving violations received, if any, in the past 3 years? #: \_\_\_\_\_ \*Explain: \_\_\_\_\_  
Number of accidents, if any, in the past 3 years? #: \_\_\_\_\_ \*Explain: \_\_\_\_\_  
\*(Use additional sheet, if necessary, and attach it to this form.)

Insurance Company: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

### VEHICLE INFORMATION

Name of Owner: \_\_\_\_\_ License Plate #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Vehicle make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Seating capacity: \_\_\_\_\_  
Registered Owner: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

We recommend that any driver of a private vehicle follow all manufacturers' recommendations when transporting students.

### DRIVERS STATEMENT- I CERTIFY THAT:

- The vehicle is equipped with seat belts for all occupants.
- The vehicle is regularly maintained and kept in good mechanical condition.
- I am 21 years of age or older.
- I have a valid California driver's license and there are no restrictions preventing me from transporting students in my vehicle.
- I have been a licensed driver for at least three (3) years.
- I have not had more than one (1) conviction for a moving violation in the past three (3) years, which was not dismissed.
- I have had no convictions for reckless or drunk driving or other major violations.
- I meet the following CMP vehicle insurance requirements: Bodily Injury Liability \$100,000 per person/\$300,000 per occurrence and Property Damage \$50,000 per occurrence.
- I agree to provide a current copy of my DMV driving record for CMP
- The information provided by me in this form is true and correct.

**Please complete both sides of this form**

**California law provides as follows:** “All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accidents, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims.’ (Education Code Section 35330).”

**MY SIGNATURE ON THIS FORM CONSTITUTES THAT I HAVE BEEN INFORMED OF CALIFORNIA LAW AND KNOWINGLY ACCEPT THIS WAIVER AS REQUIRED BY LAW.**

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*Volunteer/Employee Signature*

*Date*

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*Campus Administrator Signature*

*Date*

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*Campus Name*

**ORIGINAL FORM TO BE KEPT AT SCHOOL CAMPUS**

**Please complete both sides of this form**