

# South Pasadena Unified School District Call for Drivers

## Transportation by Private Vehicle Business and Non-Instructional Operations SCHOOL-RELATED TRIPS

### TRANSPORTATION BY

Check Box:     Employee             Parent/Guardian             Volunteer

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
(print)

Address \_\_\_\_\_ Telephone Number (    ) \_\_\_\_\_

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

### VEHICLE INFORMATION

Vehicle Registered To \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ Make \_\_\_\_\_

License Plate Number \_\_\_\_\_ Seating Capacity \_\_\_\_\_

Registration Expires \_\_\_\_\_ Liability Limits of Policy \_\_\_\_\_

### DRIVER'S STATEMENT

1. I have registered with the district for driving and have a valid driver's license and current liability insurance of at least \$100,000 per occurrence.
2. The safety of the vehicle to be used has been checked: tires, brakes, lights, horn, suspension, etc.
3. Only the number of passengers for which the vehicle was designed will be transported . If I have a truck or pickup, I will carry only as many as can safely sit in the passenger compartment.
4. All passengers and driver shall wear a seat belt (Vehicle Code 27315)
5. The number of passengers, including the driver, shall not exceed the capacity for which the vehicle was designed and should not exceed 10. (Education Code 39830)

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 give the District permission to request my DMV record through the District's insurance carrier and understand that all DMV information will remain confidential. 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 have read and complied with all of the material herein.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)