

## SCHOOL DRIVER REGISTRATION FORM

DRIVER (check one)  Employee  Parent  Volunteer  Student

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Telephone No. \_\_\_\_\_

VEHICLE

Name of Owner \_\_\_\_\_ Year \_\_\_\_\_

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

License Plate No. \_\_\_\_\_ Registration \_\_\_\_\_

Expires \_\_\_\_\_

Seating Capacity \_\_\_\_\_ No. Seat Belts \_\_\_\_\_

Operational Brakes \_\_\_\_\_ Operational lights \_\_\_\_\_

INSURANCE INFORMATION

Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Liability Limits of Policy \_\_\_\_\_

(The minimum acceptable liability limit for privately-owned vehicles is \$100,000 per occurrence. If you transport students often, it is recommended that your coverage be \$300,000 per occurrence.)

Name of Agent \_\_\_\_\_

Telephone No. \_\_\_\_\_

I certify 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.

The district is authorized to obtain my driving record from the Department of Motor Vehicles.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PRIVATE VEHICLE TRANSPORT STATEMENT KENAI PENINSULA BOROUGH SCHOOL DISTRICT

In accordance with school district policy all private vehicles/operator(s) must complete this check sheet prior to transporting KPBSD students for curricular or cocurricular activities.

YES

1. Vehicle is in good working order.  
(brakes, lights, seat belts, etc.)
2. All students will be secured with seat belts  
at all times while vehicle is moving.
3. Vehicle and operator has personal liability insurance.  
Name of Company: \_\_\_\_\_
4. I am physically/mentally healthy and not taking any  
medication that will hinder my driving safely.
5. I am at least 21 years of age and currently hold a  
state approved driver's license.

State/Number \_\_\_\_\_

Vehicle License # \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Color \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



This form should be kept by the teacher/school. Do not send to Central Office.