Driver's information:	
Name:	Cell #:
Driver's License #:	Exp. Date:
Date of Birth:	<u> </u>
<b>Vehicle Information:</b> Year/Make of Auto:	Vehicle License #:
Insurance Information:	
Insurance Carrier:	Phone #:
Bodily Injury & Property Damage Limits: \$\frac{\$}{2}\$ District minimum requirements: Bodily Injury \$100,000/300,000 Comb	/\$ Policy #:bined Single Limit / \$100,000 Property Damage/Minimum Medical \$2,000
Policy Expiration Date:	<u> </u>
MUST show the expiration date of your politicertify that the above information is correct and that the	eclaration (your policy document): attached. (Document icy.) le insurance coverage is in force. I understand that while driving my rict that I must have liability insurance coverage and a valid driver's
	e to advise the District, in writing, of any changes in the above
	business and you are involved in an accident, by law your liability rage would be used only after your limits have been exceeded. The erage to your vehicle.
* * * * * * * * * * * * * * * * * * * *	the most direct route; (2) avoid unnecessary stops; (3) transport only an 7 students, no matter what size of vehicle; and (5) ensure that all
Children under the age of 8 who are 4' 9" or taller may b shall be properly secured in an appropriate child passeng	e of 8 must be secured in a car seat or booster seat in the back seat. See secured by a safety belt in the back seat. Children 8 years and over ger restraint system or safety belt. Additionally, students 12 years of ssengers are subject to California's Mandatory Seat Belt law.
	nce" provided by your automobile insurance company that indicates e District may obtain a driving record check from the California DMV.
Parent/Guardian Signature:	Date: