

**SCHOOL DRIVER CERTIFICATION FORM**

DRIVER (circle one)          Employee          Parent          Volunteer

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

Address \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Photocopy of Driver's License \_\_\_\_\_

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

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

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

Registration Expires \_\_\_\_\_ Seating Capacity \_\_\_\_\_

No. Seat Belts \_\_\_\_\_

**INSURANCE INFORMATION**

(The minimum recommended 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.)

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

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

Liability Limits of Policy \_\_\_\_\_ Photocopy of Insurance Card \_\_\_\_\_

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. I also understand the seriousness of transporting school children and agree to drive safely and to obey the laws of California with regard to speed limits and safe driving practices taking into consideration the various weather problems.

Name \_\_\_\_\_ Date \_\_\_\_\_

MERIDIAN ELEMENTARY SCHOOL DISTRICT  
Meridian, California

**SCHOOL DRIVER REGISTRATION FORM**  
**Meridian Elementary School District**  
**Meridian, California**

**DRIVER INFORMATION**

Driver (circle one):    Employee      Parent/Guardian      Volunteer

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

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Photocopy of Driver's License \_\_\_\_\_

**VEHICLE INFORMATION**

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Make: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate No. \_\_\_\_\_

Registration Expiration: \_\_\_\_\_ Seating Capacity \_\_\_\_\_ No. of Seat Belts \_\_\_\_\_

**INSURANCE INFORMATION**

(The minimum recommended 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)

Insurance Company: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

Liability Limits of Policy: \_\_\_\_\_ Photocopy of Insurance Card \_\_\_\_\_

**DRIVER STATEMENT**

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 understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

I also understand the seriousness of transporting school children and agree to drive safely and to obey the laws of California with regard to speed limits and safe driving practices taking into consideration the various weather problems. I understand that text messaging or emailing while driving is not permitted.

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