

New Haven Unified School District
Driver Data Sheet

All prospective drivers must complete the following information (one form per person) and provide current copies of the following:

1. Driver must be twenty-one (21) years of age or over and possess a valid California driver's license.
2. Driver's insurance declarations page must be current as follows:
 - a. Public liability: Minimum \$100,000 per person
Minimum \$300,000 per accident
 - b. Property damage: Minimum \$100,000 per accident
 - c. Uninsured motorist: Minimum \$60,000 per accident
 - d. Medical: Minimum \$2,000 per accident

PART I – Teacher/Group Information and Approval

School Requesting: _____ Date: _____

Teacher(s)/Group(s) Driving For: _____

Teacher/Group Leader Signature: _____ Date: _____

PART II – Driver Data (Please print)

A copy of your current driver's license must be attached to this form

Driver's Name: _____ Affiliation: _____
(Parent, Volunteer, Employee)

Address: _____ City, Zip Code: _____

E-mail Address: _____ Age: _____

Home: _____ Cell: _____ Business: _____

Driver's License Number: _____ Expires: _____

Restrictions (If any): _____

PART III – Vehicle Data (Please print) *Vehicle may NOT seat more than one (1) driver and seven (7) passengers

Year: _____ Make: _____ Model: _____

Sedan Station Wagon SUV/ Van

Vehicle License Number: _____ State of Registration: _____

Legal Owner: _____

** Registered Owner: _____

** If driver is not the registered owner, please explain: _____

I certify that this vehicle is in safe operating condition, including the condition of the tires, brakes, emergency brakes, windshield wipers, seat belts for all occupants, and other similar safety related items, and that the lights, turn signals, horn, mirrors, and other similar items are in proper working condition. I also certify that the above information is accurate.

Signature of Registered Owner: _____ Date: _____

PART IV – Insurance Data (Please print)

Proof of insurance indicating coverage in the amounts noted above must be attached to this form

Insurance Company: _____

Policy No.: _____ Expiration Date: _____

Agent: _____ Phone: _____

Signature of Driver: _____ Date: _____

PART V – Processing

Site Administrator: _____ Approved Denied Date: _____

District Administrator: _____ Approved Denied Date: _____

Transportation Department: _____ Approved Denied Date: _____