

REQUEST TO USE PRIVATE VEHICLE FOR TRANSPORTING STUDENTS

To be complete by staff member requesting Trip:	
School <u>Noble Elementary</u>	Group/Grade _____
Name of Teacher/Employee Requesting Trip _____	
Day/Date Trip is to be Made _____	Day/Date of Return _____
Destination _____	Purpose _____
Principal/Supervisor Approval _____	Date: _____

Before transporting students in private vehicles, the insurance company **MUST** send a Certificate of Insurance directly to the attention of A. Ortiz, Principal of Noble school at (408)937-5006 (fax number) with the following requirements:

1. Bodily Injury Liability in limits of \$100,000 each person and \$300,000 each occurrence.
2. Property Damage Liability in limits of \$25,000 each accident.
NOTE: If your policy is on a combined single limit basis, limit of at least \$300,000 is required.
3. Ten (10) days Notice of Cancellation of Policy to be sent to Berryessa Union School District.

Prepare form and submit to principal/supervisor for signature. Once approved, a copy will be sent to Business Services, where it will be kept on file.

Student(s) name(s): _____

For Designated Driver: Driver: Employee Parent/Guardian Volunteer

Name _____ Date of Birth _____

Address _____ City/State _____ Zip _____

Telephone _____ Driver's License No. _____ Expiration Date _____

Vehicle Information

Name of Owner _____ License Plate No. _____

Address _____ City/State _____ Zip _____

Vehicle Registration Expiration Date _____ Seating Capacity _____

Year _____ Make _____ Model _____

Insurance Information

Insurance Company _____ Telephone No. _____

Policy No. _____ Exp. Date _____ Liability Limits _____

Driver Statement

I certify that I am twenty-one (21) years of age or older, possess a valid California Driver's License, 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 of any losses or claims for damages.

I certify that I will ensure that all children will be restrained using the appropriate passenger restraint systems.

Name _____ Date _____
Driver Signature

For School Office Use Only:	
Driver cleared on: _____	By: _____
Principal Signature: _____	Date: _____