



Conejo Valley Unified School District

PRIVATE VEHICLE TRANSPORTATION

EACH TIME STUDENTS ARE TRANSPORTED BY PRIVATE VEHICLE IN CONEJO VALLEY UNIFIED SCHOOL DISTRICT, THE DRIVER IS REQUIRED TO COMPLETE ALL STATEMENTS ON THIS FORM. IN ORDER TO PROTECT THE INTERESTS OF BOTH YOU AND CONEJO VALLEY UNIFIED SCHOOL DISTRICT, THE FOLLOWING INFORMATION MUST BE ON FILE BEFORE THE TRIP TAKES PLACE.

THE SCHOOL PRINCIPAL MAY ONLY APPROVE THE USE OF A PRIVATE VEHICLE TO TRANSPORT CHILDREN AFTER THE DRIVER HAS COMPLETED AND SIGNED THIS FORM.

- (1) DATE _____ (2) DRIVER'S NAME _____
- (3) DO YOU HAVE ANY PHYSICAL CONDITION, OR ARE YOU TAKING MEDICATION WHICH WOULD AFFECT DRIVING SAFETY? YES _____ NO _____
- (4) HAVE YOU BEEN CITED FOR A MOVING VIOLATION AND/OR ACCIDENT WITHIN THE PAST YEAR? YES _____ NO _____ IF YES, GIVE DATE OF INCIDENT AND EXPLAIN: _____
- (5) YEAR AND MAKE OF CAR _____ CAR LICENSE NO. _____
- (6) DO YOU HAVE LIABILITY INSURANCE? YES _____ NO _____
- (7) NAME OF LIABILITY INSURANCE COMPANY _____
- (8) POLICY NO. _____ (9) EXPIRATION DATE _____
- (10) LIMITS OF POLICY:
BODILY INJURY: PER PERSON _____
PER ACCIDENT _____
PROPERTY DAMAGE _____
- (11) IS THIS AN ASSIGNED RISK POLICY? YES _____ NO _____
- (12) DOES YOUR VEHICLE HAVE ANY KNOWN MECHANICAL OR SAFETY DEFICIENCIES? YES _____ NO _____
- (13) HOW MANY WORKING SEAT BELTS ARE IN YOUR VEHICLE? _____
- (14) REGISTERED OWNER OF VEHICLE: _____
- (15) SEATING CAPACITY OF VEHICLE: _____
- (16) DRIVER'S LICENSE NUMBER & EXPIRATION DATE: _____

IN CASE OF ACCIDENT OR CLAIM, YOUR INSURANCE LISTED ABOVE PROVIDES YOUR ONLY COVERAGE.

I CERTIFY THAT THE ANSWERS PROVIDED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF DRIVER

DATE

THE ABOVE DRIVER HAS BEEN APPROVED FOR THIS TRIP.

SIGNATURE OF SCHOOL PRINCIPAL

DATE