

**LA CAÑADA UNIFIED SCHOOL DISTRICT
FIELD TRIP DRIVER INFORMATION**

FORM MUST BE ACCOMPANIED BY COPY OF DRIVER'S LICENCE AND INSURANCE LIMITS

DATE OF TRIP _____ SCHOOL _____

Student Name _____ Grade _____ Field Trip Name _____

DRIVER: (ONE Driver Per Form)

Name _____

Address _____ City/Zip _____

Home Phone _____ Work Phone _____

Driver's License _____ Date of Expiration _____ Date of Birth _____

VEHICLE THAT WILL BE USED FOR TRIP:

Name of Owner(s) _____

Address of Owner(s) _____

License Plate _____ Date of Expiration _____

Make of Vehicle _____ Year of Vehicle _____

INSURANCE INFORMATION:

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____

Policy # _____ Policy Expiration _____

Liability Limits of Policy – **The minimal acceptable liability limit for private-owned vehicles is \$100,000/\$300,000**

CERTIFICATION:

1. *I certify that the information given on this form true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid California drivers license, have the proper and current license and vehicle registration and have the required insurance coverage in effect on any vehicle used to transport students.*
2. *I have been advised that insurance laws of the State of California and recent case law place the burden of financial responsibility on the owner of the vehicle involved. The District's coverage is excess coverage only.*
3. *I understand the La Cañada Unified School District will request a copy of my driving record from the Department of Motor Vehicles; this report will be handled confidentially and held for the **current** school year.*

Signature _____ Date _____