

PALO ALTO UNIFIED SCHOOL DISTRICT FIELD AND STUDY TRIP PRIVATE CAR TRAVEL CHECK

School Site _____

I, _____ will be using the automobile described below to
Name of Driver

transport students to _____ for _____

VEHICLE MAKE: _____
YEAR AND MODEL: _____
VEHICLE LICENSE NUMBER: _____

Check Box If Requirement is Satisfied

Valid Driver's License	<input type="checkbox"/>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Driver's License Number</td> <td style="width: 50%; border-bottom: 1px solid black;">Expiration Date</td> </tr> </table>	Driver's License Number	Expiration Date	
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Proof of Insurance (Domestic/International) and Vehicle Title (<i>Must be in Automobile</i>)	<input type="checkbox"/>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Insurance Company</td> <td style="width: 33%; border-bottom: 1px solid black;">Policy Number</td> <td style="width: 33%; border-bottom: 1px solid black;">Expiration Date</td> </tr> <tr> <td colspan="3">MINIMUM COVERAGE: \$5,000 – medical \$300,000 per occurrence – bodily injury/property damage insurance. Private coverage will be primary.</td> </tr> </table>	Insurance Company	Policy Number	Expiration Date	MINIMUM COVERAGE: \$5,000 – medical \$300,000 per occurrence – bodily injury/property damage insurance. Private coverage will be primary.			
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Safety Check (self-check)	<input type="checkbox"/>
The following have been inspected and are in safe working condition:	
Tires _____ Brakes _____ Lights _____ Turn Signals _____	

Seat Belts	<input type="checkbox"/>
A seat belt is available for each passenger. Each passenger will be required to wear a seat belt.	

Driving Record	<input type="checkbox"/>
I certify that I have not had a DUI (driving under the influence) violation nor had my license suspended during the last three years.	

Date _____ Signed _____
Driver of Vehicle

I am the registered owner of the vehicle described on this form and I authorize the driver, whose name appears above to use this vehicle to transport him/herself and students. I certify that the information provided above is correct. I understand that my insurance, as described above, provides primary coverage.

Date _____ Signed _____
Owner of Vehicle

Use of Private Car for Travel: (Please Circle) Approved Denied

Date _____ Signed _____
Principal