

In accordance with school district policy 724, school district employees or approved volunteers, including parents or guardians, over the age of 21, must fill out this form prior to transporting students for school purposes.

- State of Idaho minimum auto liability coverage must be carried on any private car used for school purposes (bodily injury liability coverage \$25,000 per person and \$50,000 per accident; property damage liability coverage \$15,000 per accident; and uninsured motorist coverage \$25,000 per person and \$50,000 per accident). Proof of Insurance must be provided with this form. The principal or designee must inform district staff, parents/guardians and other volunteers who drive private vehicles that the district provides no insurance coverage for them.
- A copy of the driver's state issued driver's license must be provided with this form.
- No gas/monetary reimbursement will be given to persons providing vehicles for school purposes.
- Child passengers must be restrained in approved child safety seats in accordance with state and federal law.
- Seat belts are required for all other children passengers, as well as adult passengers.
- If an accident occurs while transporting students, report it immediately to the business department.
- The district carries excess auto insurance coverage for employees and approved volunteers while driving personal automobiles on approved school business. This coverage is for damages above the limits of the driver's own personal insurance policy.

I acknowledge that I have read School District Policy 724 and the above information, and that my automobile carries the minimum insurance specified above. I am fully aware my automobile coverage is primary for myself and all passengers I transport to and from specified locations. I hereby certify that all the below insurance information is valid and true at this time.

Driver's Signature

Date

Name of Driver and/or Insured _____

Address _____

Phone Number (work) _____ (home/cell) _____

Driver's License # _____ Expiration Date _____

Year of Car _____ Make _____ Model _____

License Plate # _____ Expiration Date _____

Owner of Car _____

Name of Automobile Insurance Company _____

Auto Insurance Address _____

Agent's Name _____ Phone Number _____

Policy # _____ Expiration Date _____

For School Use Only:

Names of Students in Vehicle _____

Date of Event _____ Teacher _____

Destination _____

Departure Time _____ Estimated Return Time _____

Copy of Driver's License provided (y/n) _____ Copy of Auto Insurance Provided (y/n) _____