

LOS GATOS-SARATOGA HIGH SCHOOL DISTRICT FIELD AND ACTIVITY TRIP PRIVATE CAR TRAVEL CHECK

I, _____ will be using the automobile described below to
(Name of Driver
transport students to _____ for _____
(Activity/Sport) (Event/Season)

VEHICLE MAKE: _____ YEAR AND MODEL: _____ VEHICLE LICENSE NUMBER: _____
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Check Box if Requirement Satisfied.

Valid Driver's License: _____ (Driver's License Number) (Expiration Date)	<input type="checkbox"/>
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Proof of Insurance (Must be in Automobile) _____ (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.	<input type="checkbox"/>
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Safety Check (self check) The following have been inspected and are in safe working condition: Tires _____ Brakes _____ Lights _____ Turn Signals _____	<input type="checkbox"/>
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Seat Belts A seat belt is available for each passenger. Each passenger will be required to wear a seat belt.	<input type="checkbox"/>
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Driving Record I certify that I have not had a moving violation or had my license suspended during the last three years.	<input type="checkbox"/>
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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)