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

I, _______________________________________ will be using the automobile described below to transport students to __________________________ for __________________________

(Activity/Sport) (Event/Season)

VEHICLE MAKE: __________________________
YEAR AND MODEL: _______________________
VEHICLE LICENSE NUMBER: __________________________

Check Box if Requirement Satisfied.

Valid Driver’s License:

(Driver’s License Number) (Expiration Date)

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.

Safety Check (self check)
The following have been inspected and are in safe working condition:
Tires _____ Brakes _____ Lights _____ Turn Signals _____

Seat Belts
A seat belt is available for each passenger. Each passenger will be required to wear a seat belt.

Driving Record
I certify that I have not had a moving violation or 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)