

Driver's Information

School Information

School Name _____ Grade Level(s) _____

Name Of Driver _____ Driver's License # _____

Address _____ Phone # _____

Make/Model/Yr. Vehicle _____ License Plate # _____

Insurance Company _____

Note: Driver must meet the California's V.C. Secs. 16000-16075 liability insurance of \$15,000-\$30,000 - \$5000 Bodily Injury / Property Damage. (Must be 25 years or older and have a valid California Drivers License.)

I hereby understand and agree that the Cupertino Union School District does not provide any coverage against loss for Personal Injury Liability, Bodily Injury, and Property Damage that may occur through the operation of any personal vehicle. To the best of my knowledge my vehicle is in good condition and I accept full liability for my driving and operation of the vehicle.

Signature of Driver/Owner

Date

Signature of Administrator

Date

Date of Trip _____

Date of Return _____

Destination _____

Purpose of Trip _____

Estimated Miles _____

Date of Trip _____

Date of Return _____

Destination _____

Purpose of Trip _____

Estimated Miles _____

Date of Trip _____

Date of Return _____

Destination _____

Purpose of Trip _____

Estimated Miles _____

* This report should be kept on file in the school office for one year.