



# San Ramon Valley Unified School District

## PERSONAL AUTOMOBILE USE PERMISSION FORM

2011-2012 SRVHS Activities

Activity/Sport \_\_\_\_\_

#1 Driver's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone# \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
Year/Make of Auto \_\_\_\_\_ Vehicle License # \_\_\_\_\_  
#2 Driver's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone# \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
Year/Make of Auto \_\_\_\_\_ Vehicle License # \_\_\_\_\_  
Insurance Carrier/Agent \_\_\_\_\_ Phone # \_\_\_\_\_  
B.I. & P.D. Limits \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Policy # \_\_\_\_\_  
Exp. Date \_\_\_\_\_ Vehicle Capacity \_\_\_\_\_  
Driving Restrictions \_\_\_\_\_  
Student's Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_  
Student's Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

I certify the above information is correct and that the required insurance coverage is in-force. I understand that I must have liability insurance coverage meeting the District's minimum requirement and agree to advise the District, in writing, of any changes in the above information.

### *District Insurance REQUIREMENT*

**MINIMUM Insurance Limits of \$100,000/\$300,000 Bodily Injury and \$25,000 Property**

I understand that seat belts and/or car seats are required by law to be worn/used by all passengers. I further understand that safety considerations and California State Law require that no child ride in the front passenger seat of my vehicle. I also understand that children MUST be secured in an appropriate passenger restraint system (safety seat or booster seat) until they reach six (6) years of age or weigh sixty (60) pounds.

I represent that I am not a registered sex offender as defined by Megan's Law, California Penal Code Sec. 290

*\* Your signature confirms that you have the minimum insurance required and that you understand and will comply to the above.*

**\* Please submit a copy of your Driver's License and Proof of Insurance Card with form.**

Driver #1 Signature \_\_\_\_\_

Date \_\_\_\_\_

Driver #2 Signature \_\_\_\_\_

Date \_\_\_\_\_

Administrative Approval \_\_\_\_\_

Date \_\_\_\_\_

### NOTE:

If you drive your personal automobile while on school business and you are involved in an accident, by law your own insurance policy is used first. The District liability policy would be used only after your liability policy limits have been exceeded. The District does not cover, nor is it liable for, comprehensive and collision coverage to your vehicle.

BU:BU: 10100 (2part NCR)  
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