

# TRANSPORTATION FOR SCHOOL-RELATED TRIPS

## DRIVER INSTRUCTIONS

**When using your vehicle to transport students on field trips or other school activity trips, you are required to:**

1. Be sure that you have registered with the district for such purposes and have a valid driver's license and current liability insurance at or above the minimum amount required by law for each occurrence.
2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
4. Require each passenger to use an appropriate child passenger restraint system (child car seat or booster seat) or safety belt in accordance with law.
5. Do not smoke a pipe, cigar, or cigarette while there are minors in the vehicle, as required by law.
6. Obey all traffic laws.
7. Take the most direct route to the destination or event without unnecessary stops.
8. In case of emergency, keep all students together and call 911 and the district office.

**Redondo Beach USD Board Policy E 3541.1 requires you to complete the following information and have on file at the school administration office prior to each trip.**

## SCHOOL DRIVER REGISTRATION FORM

### DRIVER INFORMATION

Driver (check one):  Employee  Parent/Guardian  Volunteer  Other \_\_\_\_\_  
Please Specify

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### VEHICLE INFORMATION

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Make: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate No.: \_\_\_\_\_

Registration Expiration: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Liability Limits of Policy: \_\_\_\_\_

### DRIVER STATEMENT

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages. I certify that I have received and will abide by the driver instructions provided by the district.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_