



SCHOOL DRIVER REGISTRATION FORM

Driver (circle one): Employee Parent/Guardian Volunteer

Name: _____ Date of Birth: _____

Address: _____ Driver's License No: _____

Telephone No: () _____ Expiration Date: _____

VEHICLE INFORMATION (needed if driving vehicle other than iLEAD or SCVi van)

Name of Owner: _____ Year: _____

Address: _____ Make: _____

License Plate No: _____

Registration Expiration: _____ Seating Capacity: _____

INSURANCE INFORMATION (only needed if driving own car)

Insurance Company: _____ Policy No: _____

Telephone 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 will ensure that all children will be restrained using the appropriate passenger restraint systems.

Signature: _____ Date: _____

DRIVER INSTRUCTIONS

All volunteer drivers must have on record with iLEAD or SCVi the following:

1. Proof of legal age
2. Copy of valid driver's license
3. Copy of current driving record
4. Proof of insurance liability in the amount of \$100,000 (only if not driving an
5. iLEAD or SCVi van)
6. Review of county record by iLEAD or SCVi administration

When using your vehicle to transport students on field trips or other school activity trips, please . . .

1. Be certain that you have registered with iLEAD or SCVi 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 before volunteering to transport children: tires, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers for which your vehicle was designed.
4. Require each passenger to use a safety belt in accordance with the law.
5. Current TB test (every four years).