

# UNION HILL SCHOOL DISTRICT

## Driver Registration Form for School Related Trips

**DRIVER INFORMATION** (circle one):      Employee      Parent/Guardian

Volunteer

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

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

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### VEHICLE INFORMATION

Name of Owner(s): \_\_\_\_\_

Address of Owner(s): \_\_\_\_\_

Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

Registration Expiration Date: \_\_\_\_\_

### INSURANCE INFORMATION

Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Telephone #: \_\_\_\_\_ 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.

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

***PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE.***