

**Larkspur-Corte Madera School District  
DRIVER INFORMATION FORM**

This form is to be completed by all persons in the following categories:

- Larkspur-Corte Madera School District Employees claiming mileage
- Volunteer drivers transporting Larkspur-Corte Madera School District students (field trip drivers)

1. California Driver's License

**Full Name:** \_\_\_\_\_

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

**License Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

2. Automobile Liability Insurance

**Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**My insurance policy limits are:**

\$ \_\_\_\_\_ / \_\_\_\_\_ **Bodily Injury**    \$ \_\_\_\_\_ **Property Damage**

*Larkspur-Corte Madera School District required limits to drive on field trips:*

*\$100,000/\$300,000 - Bodily Injury / \$25,000 - Property Damage*

3. Vehicle capacity, one passenger per seat belt. All passengers shall use their seat belts.

4. The vehicle is in safe operating condition based on inspection by me or a mechanic as to lights, horns, turn signals, brakes, tires, and suspension.

5. I agree not to smoke in front of the children at any time, or to drink alcoholic beverages on any school-sponsored activity, including overnight trips, in conformance with the provisions of the California Education Code.

**I certify that above information to be correct. I understand that my insurance is primary in case of an accident and that the Larkspur School District accepts no responsibility for damage or loss to my vehicle.**

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

**Student's Name:** \_\_\_\_\_ **School:** \_\_\_\_\_