ACTIVITY DRIVER CERTIFICATION FORM

Pursuant to Policy 900.7, parents, legal guardians, or other volunteers who volunteer to drive students to a school activity are required to complete this form.

Driver: Parent/Guardian Adult Volunteer Vehicle Information - Please attach a copy of driver's license	
Address	Phone
Vehicle Year Make	License Plate
Registration Expires Seat Capacit	ry No. Seat Belts
Insurance Information – Please attach a copy of ins	urance card
Insurance Carrier	
Policy Number	Expiration Date
Liability Limits of Policy	
Agency Name	
Name of Agent	Telephone Number
within the past five years. I certify that the information given above is true	driving or driving under the influence of drugs or alcohol and correct. I understand that if an accident occurs, my
insurance coverage shall bear primary responsibility	for any losses or claims for damages.
Name (print)	Date
Signature	
Adopted: 4/1/10 Reviewed: 10/1/15, 10/6/16	
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