## \*\*Please attach a copy of the declarations page of your automobile insurance policy Grass Valley School District

RR 3370

## **District Sanctioned Trips in Private Vehicles**

Drivers	
Name:	Date of Birth:
Address:	Driver's License #:
	Expiration Date:
Telephone #:	Student's Name:
Teacher's Name:	Relationship to student
Vehicle	
Name of Owner:	Year:
Address:	Make
	License Plate #:
Registration Expires:	Seating Capacity:
Number of Seat Belts:	
Insurance Information	
Insurance Company:	
Policy No.:Expiration Date	9:
Liability Limits of Policy:	
(The minimum acceptable liability limit for privately lift you transport students often, it is recommended the transport students often it is recommended the students often it is recommended the students of	
Name of Agent:	
Telephone #:	
I certify that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall be primary up to its maximum limits for any losses or claims for damages brought against me and/or the district. I understand that I must obey all laws and district policies while transporting students. I have read and understand Board Policy 3370, "District Sanctioned Trips In Private Vehicles."	
Signature	Date
Since I will only be transporting my own child(ren), I choose to <b>n</b> under no circumstances am I to transport any other child(ren) un that this is a voluntary field trip and that my child has the option of sanctioned vehicle. Further, I hold the district harmless for any a child(ren).	til such time proof of insurance is provided. I understand of remaining at school or being transported in a district

Signature