

GROSSMONT UNION HIGH SCHOOL DISTRICT

SCHOOL DRIVER REGISTRATION FORM

Driver (Circle One): Employee Parent/Guardian Volunteer

Name: _____ Date of Birth: _____

Address: _____

Driver's License #: _____ Expiration Date: _____

VEHICLE INFORMATION

Vehicle's Owner: _____ Same as Above

Address: _____ Same as Above

Make: _____ Model: _____ Year: _____

License Plate #: _____ Registration Expires: _____ Seating Capacity: _____

INSURANCE INFORMATION

Insurance Company: _____ Policy #: _____

Telephone Number: _____ Exp. Date: _____

Liability Limits of Policy: _____

DRIVER'S 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