

# LOS GATOS-SARATOGA HIGH SCHOOL DISTRICT FIELD AND ACTIVITY TRIP PRIVATE CAR TRAVEL CHECK

I, \_\_\_\_\_ will be using the automobile described below to  
(Name of Driver  
transport students to \_\_\_\_\_ for \_\_\_\_\_  
(Activity/Sport) (Event/Season)

<b>VEHICLE MAKE:</b> _____ <b>YEAR AND MODEL:</b> _____ <b>VEHICLE LICENSE NUMBER:</b> _____
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**Check Box if Requirement Satisfied.**

<b>Valid Driver's License:</b> _____ (Driver's License Number) (Expiration Date)	<input type="checkbox"/>
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<b>Proof of Insurance (Must be in Automobile)</b> _____ (Insurance Company) (Policy Number) (Expiration Date) <b>MINIMUM COVERAGE:</b> \$5,000 Medical \$300,000 per occurrence Bodily injury/property damage insurance. Private coverage will be primary.	<input type="checkbox"/>
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<b>Safety Check (self check)</b> The following have been inspected and are in safe working condition: Tires _____ Brakes _____ Lights _____ Turn Signals _____	<input type="checkbox"/>
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<b>Seat Belts</b> A seat belt is available for each passenger. Each passenger will be required to wear a seat belt.	<input type="checkbox"/>
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<b>Driving Record</b> I certify that I have not had a moving violation or had my license suspended during the last three years.	<input type="checkbox"/>
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Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Driver of Vehicle)

I am the registered owner of the vehicle described on this form and I authorize the driver, whose name appears above to use this vehicle to transport him/herself and students. I certify that the information provided above is correct. I understand that my insurance, as described above provides primary coverage.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Owner of Vehicle)