## T - 104 8/03

## **EDMONDS**

## **EDMONDS SCHOOL DISTRICT** PRIVATE TRANSPORTATION FOR SCHOOL ACTIVITIES

Name of Driver		
Address		
Telephone No. ()	Driver License No	
Name of Insurance Company providing vehicle insurance c	overage	
Insurance Policy No	Agent's Name	
Insurance Policy Limits		
Year/Make/Model of vehicle		
Number of seatbelts in vehicle (exclusive of driver)		
<b>Driver Assurances</b> ( <i>Driver's initials are required to affirm a</i> I possess a valid Washington State Drivers Licen		
I possess an accurate copy of my Drivers Abstract. (Please attach copy of abstract.)  I have not received any citations after the issue date of my Drivers Abstract.  I possess automobile insurance with limits equal to or greater than the limits required (\$100,000/\$300,000/\$50,000 BI/PD Liability, 100/300 UIM, \$10,000 PIP or MP) in the District's Administrative Regulations. (Please attach copy of insurance policy Declarations page.)  I understand that in the event of an automobile accident, my vehicle insurance provides primary coverage.  The vehicle used for this activity is operationally safe. (Including, but not limited to: lights, signals, horn, tires and brakes, etc.).  I will ensure that each passenger will be secured by an appropriate seatbelt and/or child restraint system when the vehicle is in use.  I have read and I understand the District's Policy and Administrative Regulations.		
Driver's Signature  My signature certifies that the information above is correct.	Date	
This portion must be initialed, completed and signed by a building administrator.  I have reviewed the information contained in this document, the completed HR-120, the WSP background check and other pertinent information and hereby authorize this driver and this vehicle to participate, subject to other applicable rules and regulations, in the occasional transportation of students to and from school-related activities.		
Building Administrator	Date	Class/Teacher