

Larkspur School District  
**DRIVER INFORMATION FORM**

This form is to be completed by all persons in the following categories:

- Larkspur School District Employees claiming mileage
- Volunteer drivers transporting Larkspur School District Students (Field Trip Drivers)

**1. California Driver's License**

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**2. Automobile Liability Insurance**

Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

- Larkspur School District recommended limits:  
\$100,000/\$300,000 – Bodily Injury / \$25,000 – Property Damage
- My insurance policy limits are:  
\$ \_\_\_\_\_ Bodily Injury / \$ \_\_\_\_\_ Property Damage

3. Vehicle capacity, one passenger per seat belt. All passengers shall use their seat belts.
4. The vehicle is in safe operating condition based on inspection by me or a mechanic as to lights, horn, turn signals, brakes, tires and suspension.
5. I agree not to smoke in front of the children at anytime, or to drink alcoholic beverages on any school-sponsored activity, including overnight trips, in conformance with the provision of the California Education Code.

**I certify the above information to be correct. I understand that my insurance is primary in case of an accident and that the Larkspur School District accepts no responsibility for damage or loss to my vehicle.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Student's name \_\_\_\_\_

School \_\_\_\_\_