



REDDING SCHOOL of ARTS  
WHERE EDUCATION AND THE ARTS CONNECT  
**雷丁艺术学校**  
 教育与艺术融合的舞台/殿堂

Date: Approved /
---------------------

**Redding School of the Arts**  
 955 Inspiration Place, Redding CA 96001  
 Phone: (530) 247-6933 / FAX: (530) 243-4318

## DRIVER APPLICATION FORM 2018-2019

The purpose of this form is to reduce the liability of the school and volunteer drivers by being proactive in our selection of field trip drivers. If you are interested in helping with such needs during the school year, please **complete** this form and return it to the school office along with copies of the following documents:

- DMV printout of your driving record (available online at <http://www.dmv.ca.gov/>)**
- California driver's license**
- Current automobile registration**
- Insurance Declaration Page (indicates your insurance coverage amounts):**

Insurance minimums are as follows:

Public Liability/Bodily Injury	\$100,000/\$300,000 per occurrence
Property Damage	\$50,000 per occurrence
Medical	\$5,000 per occurrence

**Please allow a minimum of 48 hours for approval of your application.**

Student Name \_\_\_\_\_ Homeroom \_\_\_\_\_

Student Name \_\_\_\_\_ Homeroom \_\_\_\_\_

Student Name \_\_\_\_\_ Homeroom \_\_\_\_\_

Student Name \_\_\_\_\_ Homeroom \_\_\_\_\_

**SECTION I – Driver Information**

Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip Code: \_\_\_\_\_

CA Driver's License Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**VEHICLE #1**

Color/ Make/Model/Year: \_\_\_\_\_

License Number: \_\_\_\_\_ Number of working student seat belts: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Uninsured/Underinsured motorist coverage? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**VEHICLE #2**

Color/ Make/Model/Year: \_\_\_\_\_

License Number: \_\_\_\_\_ Number of working student seat belts: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Uninsured/Underinsured motorist coverage? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**SECTION II – Driver History (PLEASE ANSWER ALL OF THE QUESTIONS BELOW)**

\_\_\_\_ YES \_\_\_\_ NO Have you been in an accident in the last three years? If yes, please explain the accident and its cause below.

---

---

\_\_\_\_ YES \_\_\_\_ NO Have you had any moving violations in the past three years? If yes, please describe infractions below.

---

---

\_\_\_\_ YES \_\_\_\_ NO Have you been convicted for DWI/DUI of alcohol or drugs? If yes, please list the date of the offense(s)

---

---

\_\_\_\_ YES \_\_\_\_ NO Have you ever had your license suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation?

**SECTION III – Requirements for Drivers – Please read and initial each item to indicate agreement.**

I certify that for the current school year:

1. I possess a valid California driver's license. \_\_\_\_\_
2. I will provide a current copy of my DMV driving record for the previous 3 years from today's date. \_\_\_\_\_
3. I will contact my insurance agent to ascertain if there are any liability policy limits or exclusions regarding transporting other students or faculty members of a field trip that might affect my ability to meet the qualifications for a driver. \_\_\_\_\_
4. I will maintain the minimum insurance coverage required by the school for vehicles for the vehicle(s) listed in Section I and only volunteer to drive when such insurance policies and coverage is in force. \_\_\_\_\_

5. I understand that in case of any type of accident, injury, or vehicle damage, RSA's liability insurance policy DOES NOT provide primary or direct insurance on my vehicle. RSA's insurance will take effect only after my personal auto insurance limits are exhausted. I will advise RSA of any change in information provided on this form, including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, non-renewal of license, termination of license, change of insurance company, change in amounts of insurance coverage, termination of insurance, or change in vehicle. \_\_\_\_\_
6. The number of individuals riding in my vehicle(s) will not exceed the number of passengers the vehicle is designed to carry. \_\_\_\_\_
7. Students will be in their own seats and secured with individual working seat belts. (No double belting of children is permitted.) \_\_\_\_\_
8. No children under the age of 12 will ride in the front passenger seat. \_\_\_\_\_
9. Students will not be left unattended in the vehicle. \_\_\_\_\_
10. I will maintain my vehicle(s) in safe operating conditions (brakes, tires, etc.) \_\_\_\_\_
11. I will operate my vehicle(s) in a safe manner. \_\_\_\_\_
12. I will read and follow the instructions for driving and chaperoning students provided by the sponsoring teacher of the field trip. \_\_\_\_\_
13. I will notify school personnel if I no longer wish to drive or if I wish to be removed from the Approved Driver List. \_\_\_\_\_
- 14. I will NOT use my cellphone or Bluetooth while children are in my vehicle. \_\_\_\_\_**
15. I certify that I have NO felony convictions. \_\_\_\_\_

**SECTION IV – Declaration and Signature**

I affirm that I will carefully transport students under my care, including obeying all traffic laws. The information given on this form is true and correct to the best of my knowledge and belief.

**YOU MUST SUBMIT A COPY OF YOUR DMV-ISSUED DRIVING RECORD, YOUR CURRENT DRIVER'S LICENSE, AUTO REGISTRATION, AND INSURANCE DECLARATION PAGE WITH THIS FORM.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
**OFFICE USE ONLY – School Administration Approval**

\_\_\_\_\_ Approved for placement on the RSA Approved Driver List

\_\_\_\_\_ Denied placement on the RSA Approved Driver List

\_\_\_\_\_  
Signature of Principal/Designee

\_\_\_\_\_  
Date

Board Approved 10/2006