

# Gervais School District 1

Code: **EEBB-AR**  
Adopted: Unknown

## Private Vehicle Use

This form must be completed and sent to the District Office **3 days before** the activity takes place.

### School Completes:

1. Name of employee coordinating activity: \_\_\_\_\_
2. Date of activity: \_\_\_\_\_
3. Activity: \_\_\_\_\_
4. Number of students estimated to transport: \_\_\_\_\_
5. Estimated time of departure: \_\_\_\_\_
6. Estimated time of return: \_\_\_\_\_

### Driver Completes:

**[MUST HAVE \$50,000 SINGLE LIMIT PROPERTY/BODILY INJURY LIABILITY COVERAGE]**

1. Name of driver: \_\_\_\_\_
2. Driver's license number: \_\_\_\_\_
3. Date of birth: \_\_\_\_\_
4. Vehicle you will drive: YEAR \_\_\_\_\_ MODEL \_\_\_\_\_ MAKE \_\_\_\_\_
5. Name of insurance company: \_\_\_\_\_
6. Insurance policy number: \_\_\_\_\_
7. Agent's name: \_\_\_\_\_
8. Agent's telephone number: \_\_\_\_\_
9. Do you have a seat belt for each passenger? \_\_\_\_\_
10. Have you had a traffic violation in the past year? \_\_\_\_\_
11. Have you had a DUI in the past 5 years? \_\_\_\_\_

If you attach a copy of your insurance policy, you do not have to complete numbers 5 through 8.

Driver's signature: \_\_\_\_\_