

WRIGHT SCHOOL DISTRICT  
4385 Price Avenue  
Santa Rosa, CA 95407  
(707) 542-0550

J.X Wilson  
246 Brittain Lane  
Santa Rosa, CA 95401  
(707) 525-8350

Robert L. Stevens School  
2345 Giffen Avenue  
Santa Rosa, CA 95407  
(707) 575-8883

Wright School  
4389 Price Avenue  
Santa Rosa, CA 95407  
(707) 542-0556

TEACHER: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_  
SPORT: \_\_\_\_\_ DISTRICT OFFICE

**SCHOOL DRIVER CERTIFICATION FORM**

<b>DRIVER</b> <i>(circle one)</i>	Employee	Parent/Guardian	Volunteer
Name: _____	Date of Birth: _____		
Address: _____	Driver's License #: _____		State _____
	Expiration Date: _____		
Telephone ( ) _____			

<b>VEHICLE</b>	
Name of Owner _____	Year _____
Address _____	Make _____
Registration _____	License Plate # _____
Expires _____	# of Seat Belts _____

<b>INSURANCE INFORMATION</b>	
Insurance Company _____	Policy # _____
Expiration Date _____	Liability Limits of Policy _____ <small>(The minimum acceptable liability limit for privately-owned vehicles is \$300,000 per occurrence.)</small>
Name of Agent _____	Telephone _____

*I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and the the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.*

*I certify that I will ensure that all children will be restrained using the appropriate passenger restraint systems.*

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
*signature*

**ATTACH COPY OF DRIVER'S LICENSE AND INSURANCE POLICY LISTING AMOUNT OF LIABILITY.**