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

SPORT: SCHOOL DRIVER CERTIFICATION FORM DRIVER (circle one) Employee Parent/Guardian Volunteer Name: Date of Birth:	J.X Wilson 246 Brittain Lane Santa Rosa, CA 95401 (707) 525-8350		2345 Giffe	Stevens S en Avenue sa, CA 954 -8883		Wright School 4389 Price Avenue Santa Rosa, CA 95407 (707) 542-0556	
SCHOOL DRIVER CERTIFICATION FORM DRIVER (circle one) Employee Parent/Guardian Volunteer Name: Date of Birth: Address: Driver's License #: State Expiration Date: Telephone () VEHICLE Name of Owner Year Address Make License Plate # Registration Expires # of Seat Belts INSURANCE INFORMATION Insurance Company Policy # Expiration Date Liability Limits of Policy (The minimum acceptable liability limit for privately-owned vehicles is \$300,000 per occurance.) 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.	TEACHER:			APPROVED BY:			
DRIVER (circle one) Employee Parent/Guardian Volunteer Name: Date of Birth: Address: Driver's License #: State Expiration Date: Telephone () VEHICLE Name of Owner Year Address Make License Plate # Registration Expires # of Seat Belts INSURANCE INFORMATION Insurance Company Policy # Expiration Date Liability Limits of Policy (The minimum acceptable liability limit for privately-owned vehicles is \$300,000 per occurance.) 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.	SPORT:					DISTRICT OFFICE	
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Telephone () VEHICLE Name of Owner	Name:				Date of Birth:		
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NAME DATE	I certify that I	will ensure that all childre	n will be resti	rained usi	ng the appropriate p	assenger restraint systems.	
	NAME					OATE	

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

Distribution:

Original (District Office)

Yellow (School Office)

Pink (Classroom Copy)

8/9/2005