

**Klamath County
School District**

Code: **EEAE-AR**
Revised/Reviewed: 10/13/11; 4/17/12; 8/21/13
Orig. Code(s): EEAE-AR

**Application for Transportation of Students/
Proof of Vehicle Liability Insurance**

Date: _____

Dear _____,

You have agreed to transport students of the district to the following school-approved event:

Name of Event: _____

Date of Event: _____

Location of Event: _____

Staff and/or all others authorized to use private vehicles to transport district students to school-sponsored activities are prohibited from using tobacco in those vehicles while students are under their care. Refer to Board policy GBK/JFCG/KGC - Tobacco-Free Environment.

Please be aware that in the event of an accident, your insurance will provide primary coverage. In order to serve as a volunteer driver you will be required to provide proof of vehicle liability insurance. Your insurance must meet or exceed minimum requirements as established by the state of Oregon and as set by the district.

Please complete the following information. Sign, attach copies where indicated, and return to the school office four working days prior to the date of the event.

Parent/Volunteer Information (attach copy of driver's license to this application)

Name(s) of Passenger(s): _____

Parent/Volunteer Name (as it appears on driver's license): _____

Address: _____

Phone Number(s): _____

Date of Birth: _____ Vehicle License Plate Number: _____

Make, model, year of vehicle: _____

Maximum number of passengers the vehicle can carry: _____

Are you the owner of this vehicle: Yes _____ No _____

Vehicle Owner's Name/Address: _____
(if different from driver)

Oregon Drivers License Number: _____

Expiration Date: _____

Insurance Information (attach copy to this application)

Insurance Company Name: _____
(not agent's name)

Policy Number: _____ Expiration Date: _____

Policy Limits: _____

Current minimum limits are:

\$25,000 per person and \$50,000 per accident for bodily injury; \$20,000 per accident for property damage;
\$25,000 per person and \$50,000 per accident for uninsured motorist coverage; and \$15,000 per accident for
personal injury protection.

The undersigned owner and driver of the vehicle certify that the above information is correct. The undersigned volunteers to transport students for the purpose as described and understands that the insurance coverage on the vehicle will be the primary coverage if any accident occurs during the transportation of students. The undersigned authorizes the District and/or its insurance agent of record to obtain the current driving record of the undersigned. The undersigned hereby certify that this vehicle is not primarily used for the transportation of students.

Date

Driver of Vehicle

Date

Owner of Vehicle

Date

Administrative Approval

Return form to fiscal officer. If you do not have required coverage, you will not be allowed to transport students.