

# Siuslaw School District 97J

Code: **EEAE-AR**

Revised/Reviewed: 08/13/97; 10/10/12; 01/08/14

## Drivers of Private Vehicles – Insurance and License Information

**Return original form to:** Vonnie McClellan, 97J Volunteer Coordinator - Email: [vmclellan@siuslaw.k12.or.us](mailto:vmclellan@siuslaw.k12.or.us)  
Siuslaw Schools District Office, 2111 Oak Street, Florence, OR 97439 | (541) 997-2651

*This form is for all drivers of private vehicles used for Siuslaw School activities, including 97J employees. Please provide proof of valid driver's license and a Certificate of Liability Insurance from your agent or insurance company & return this form to the 97J District Office. Driver must also be an approved Siuslaw School District Volunteer (see school or website to obtain a Volunteer Application). A copy of this form will be forwarded to the school building and staff member/coach upon approval. Driving records may also be checked through the Department of Motor Vehicles.*

Signature of Insured: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Name(s) on Insurance Card: \_\_\_\_\_

Mailing Address (Street): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Driver's License (State/Number): \_\_\_\_\_ / \_\_\_\_\_

### Vehicle Description

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License: \_\_\_\_\_

Number of Working Seatbelts: \_\_\_\_\_ General condition of vehicle: \_\_\_\_\_

### Insurance

Company: \_\_\_\_\_ Agent's Name/City: \_\_\_\_\_ / \_\_\_\_\_

**Insurance Limits:** Per individual \$ \_\_\_\_\_ (Minimum \$100,000) Per occurrence \$ \_\_\_\_\_ (Minimum \$300,000)

**Effective Insurance Policy Dates:** (From) \_\_\_\_\_ (to) \_\_\_\_\_

**School(s) Driving for:** (Check all that apply)  Siuslaw Elementary  Siuslaw Middle School  Siuslaw High School

**Staff Member/Coach:** \_\_\_\_\_

**Classroom or Program Name:** \_\_\_\_\_

**PHOTO COPY: (Driver's License)**

## Request for Payment in-lieu-of Transportation

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Month Payment Requested: \_\_\_\_\_

Year: \_\_\_\_\_

Date:	Mileage Requested:
	Total Miles: _____

Return to:

Siuslaw School District  
 Deputy Clerk  
 2111 Oak Street  
 Florence, OR 97439

\_\_\_\_\_  
 Parent/Driver Signature

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Date

This section for district use:

\_\_\_\_\_ (Miles)      x      \$ \_\_\_\_\_      Per mile = \_\_\_\_\_