CHAWANAKEE UNIFIED SCHOOL DISTRICT
STUDENT DRIVER VEHICLE INSURANCE
REQUIREMENTS

1. I, _____ reside at _____ in the city of _____, California.

2. I was born on _____.
   (MM/DD/YY)

3. I am a licensed driver in the State of California and my license number is _____, the expiration date is _____.
   (MM/DD/YY)

4. I drive a _____, _____.
   (Year)   (Make & Model)

5. I carry at least the following minimum public liability insurance:

Bodily Injury	**$100,000 - $300,000** per accident
Property Damage	**$50,000** per accident
Medical Payment	**$2,000** per accident

6. My vehicle is equipped with seat belts, and I agree to enforce all seat belt laws.

7. There will be no financial charge by me to the school district for the use of this vehicle

8. I agree to the fact that **no other students** will be transported in this vehicle when I am driving for school related activities.

9. I carry insurance with _____ Insurance Company. The effective dates of policy: _____, policy number: _____. Insurance agent: _____
   Agent's phone: _____

WE UNDERSTAND THE ABOVE REQUIREMENTS AND
AGREE TO COMPLY WITH THEM IN ALL INSTANCES.

Date: _____

_____
(Driver's Signature)

_____
(Parent's Signature)

Information - Student Driver.doc