

**Tracy Learning Center  
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	<b>\$100,000 - \$300,000</b> per accident
Property Damage	<b>\$50,000</b> per accident
Medical Payment	<b>\$2,000</b> 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)