



Santa Barbara SCHOOL DISTRICTS

720 Santa Barbara Street, Santa Barbara, CA 93101
Phone (805) 963-4338, Fax (805) 963-5685

STUDENT TRANSPORTATION FORM

I will be driving (please check one): District Vehicle Personal Vehicle

School Name: _____ For School Year: _____

Student Name: _____ Student Activity: _____

NOTE: If you drive your personal automobile while on district business and you are involved in an accident, by law your liability insurance policy is used first. The Santa Barbara School Districts' liability policy would be used only after your policy limits have been exceeded. The districts do not cover, nor are they responsible for comprehensive and collision coverage to your vehicle.

Name: _____ Phone: _____

Driver's License No.: _____ Exp. Date: _____

Insurance Carrier/Agent: _____ Policy No.: _____

Insurance Exp. Date: _____ Liability Limits: _____

Vehicle License No.: _____ Vehicle Registration Exp Date: _____

Year/Make of Auto: _____ Driving Restrictions: _____

I certify that the above information is correct. I understand that I must have liability insurance coverage in force as required by the Santa Barbara School Districts (\$100,000 per person/\$300,000 per accident) and agree to advise the district, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

The Santa Barbara School Districts require that the following conditions be observed while transporting students (Section 545 Vehicle Code): (1) Not more than nine students can be transported, regardless of the size of the vehicle; (2) all students must be seated in seats which are part of or permanently affixed to the vehicle; (3) all students must wear individual seat belts; (4) any student under six years of age or under 60 lbs. must be seated in a properly secured infant seat; (5) no more than two handicapped students who are confined to wheelchairs may be transported in a nine-passenger vehicle.

I have read the districts' requirements listed above and agree to abide by them.

Driver Signature: _____ Date: _____

Note: Please attach a photocopy of the following: (1) "Proof of Insurance" form presently being provided by your automobile insurance company that indicates liability limits and expiration date of insurance (2) driver's license and (3) vehicle registration form
****If you are driving a district vehicle an insurance card is acceptable****

I have read the above and approve the use of this vehicle for transporting students to a school sponsored event:

Campus Administrator _____ Date: _____

Business Office Approval: _____ Date: _____



STUDENT TRANSPORTATION CHECKLIST

Forms Required to Process:

- Student Transportation Form** – Must be signed by a school administrator
- Copy of vehicle registration** – Vehicle needs to be registered to person driving. NOT necessary if driving a district vehicle.
- Copy of valid driver's license**
- Copy of insurance coverage** – *Note: An insurance ID card is not acceptable, **unless driving a district vehicle**.* A current copy of the declarations page of the auto insurance policy indicating minimum liability limits of \$100,000 per person/\$300,000 per accident, or \$300,000 Combined Single Limit, and listing the vehicle being used for school business is required. Policy period must be included.

Please submit all of the above forms at least two weeks prior to using the vehicle for school business to the Business Office, Attention: Alma Flores

If you have any questions, please call 963-4331 x 222.