

OIS Driver Form

All drivers must complete this form once each school year.

ORINDA UNION SCHOOL DISTRICT Use of Private Cars for Transporting Students on School-Connected Field Trips

I hereby offer to provide transportation for the students of Orinda Intermediate School for one or more school-connected trips during the school year. I am aware of the following information contained in Administrative Regulation #6132.

Transportation

Transportation for field trips customarily is not provided at district expense. The parents' club, student body organization, or other group approved by the superintendent, may pay the expense of transportation for field trips. School or charter bus transportation of students is strongly recommended. Under extenuating circumstances, which are determined by the principal, alternate methods of transportation may be used. Whenever student transportation on field trips is provided by parents in private cars, the following requirements apply.

1. Parents of students are so notified and must give written approval in advance.
2. Parent drivers must carry minimum liability insurance coverage on their automobile not less than the following amounts:
Bodily injury.....\$300,000
Property damage.....\$ 50,000
or combined single limit.....\$300,000
Medical payment.....\$ 5,000
3. Parent drivers are notified that the owner and/or driver of a vehicle has primary responsibility for liability.
4. Parent drivers agree to drive in a safe and cautious manner and to notify the school district immediately in the event of accident or injury of any type.
5. Parent drivers will carry no more passengers than their vehicle is designed for and in no case more than eight passengers plus the driver.
6. All passengers will wear seat belts. Parents with cars having air bags on the passenger side should not have a child under the age of 12 riding in the front seat.
7. Parent drivers offering to provide transportation for students for one or more school-connected field trips during the school year will be given written notification of their responsibilities as indicated in the regulation and will acknowledge receipt by signing and returning a copy of the notice.

I understand that I am not covered by the Orinda Union School District's liability insurance policy. I hereby state that my insurance coverage meets or exceeds the stated minimum coverage.

Driver Name (Print)

Signature of Driver

Driver's License Number

Date

I am the parent/guardian of the following OIS student(s):

Name of Insurance Company

Policy Number

*A new application must be completed each school year.
Please turn in form at Bulldog Day or to the OIS school Office.*