

NEVADA JOINT UNION HIGH SCHOOL DISTRICT
School Related Trips –Parent Automobile Transportation
DRIVERS CERTIFICATION STATEMENT

SCHOOL _____

DATE _____

The Nevada Joint Union High School District recognizes the importance of out-of-classroom learning experiences and, hence, encourages educational study trips. The District will continue to make every effort to provide transportation whenever possible, but there are times when vehicles and/or personnel are not available. At these times, the District asks parents to help provide transportation.

Student Name _____

Sport/Club _____

Coach/Advisor Name _____

Name of Driver _____ Date of Birth _____

Address _____

Driver's License No. _____

Expiration Date _____

Tele No. () _____ Pager No. _____ Fax No. _____ Email Address _____

VEHICLE INFORMATION

Name of Owner _____ Year _____

Address _____ Make/Model _____

License Plate _____

Registration Expires _____ Seating Capacity _____

(SEAT BELTS REQUIRED)

INSURANCE INFORMATION

Please attach a copy of your insurance policy showing the following minimum insurance limits:

Bodily injury: \$100,000/300,000

Property Damage: \$50,000

Insurance Company _____ Policy No. _____

Telephone No. _____ Exp Date _____

I UNDERSTAND THAT NEVADA JOINT UNION HIGH SCHOOL DISTRICT POLICY PROHIBITS DRIVERS WITH 2 OR MORE POINTS ON THEIR DEPARTMENT OF MOTOR VEHICLES (DMV) RECORD TO DRIVE STUDENTS ON SCHOOL FIELD TRIPS.

MY SIGNATURE BELOW VERIFIES THAT I HAVE LESS THAN TWO (2) POINTS ON MY DMV DRIVING RECORD.

Signature of Parent/Driver

Date

PLEASE RETURN THE FOLLOWING TO COACH/ADVISOR:

- **SIGNED Drivers Certification Statement (Parent Automobile Transportation Form)**
- **Insurance Policy (copy)**
- **Drivers License (copy)**
- **Completed DMV Authorization for Release of Driver Record Information**

NOT APPROVED RETURNED TO COACH/ADVISOR _____ DATE: _____

COACH /ADVISOR: RETURN COMPLETED FORMS TO THE STUDENT STORE

FOR OFFICE USE ONLY: APPROVED _____ DATE _____

8-2017

DRIVERS INSTRUCTIONS:

When using your private vehicle to transport students on field trips or other school activity trips, please:

1. Be sure that you have registered with the school administration and completed all necessary forms including the Driver's Certification Statement, a copy of your valid driver's license and current liability insurance of at least \$100,000/\$300,000 per occurrence.
2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers for which your vehicle was designed.
4. If the vehicle is a truck or pickup, occupants shall only be carried in the passenger compartments.
5. The number of passengers, including the driver, shall not exceed the capacity for which the vehicle was designed and should not in any case exceed ten. (Education Code 39830) More than nine passengers and the driver, a total of ten occupants, in a vehicle constitute a school bus.
6. Require each passenger to use a safety belt.
7. For safety and well being of all persons, when traveling by private transportation, travel in a convoy whenever possible.

In case of emergency, keep all the students together. Call 911 and the school administration.

SPECIAL INSTRUCTIONS:

NEVADA JOINT UNION HIGH SCHOOL DISTRICT CHAPERONE CONTRACT FOR FIELD TRIPS

Chaperone Name: _____ **School Year:** _____

(This contract applies to all field trips you participate in during this school year)

Field Trip/Teacher: _____

A chaperone is a parent or guardian who assumes responsibility for a group of students on the field trip under the direction of the teacher. The teacher will select the chaperones as needed.

Your signature below acknowledges that you agree to all of the following:

1. Chaperones will ride the bus.
2. There will be at least one (1) chaperone for every eight (8) students.
3. Chaperones will follow the itinerary and stay with their group of students at all times.
4. Chaperones will not bring siblings of the student on the trip.
5. Chaperones will not smoke, consume alcohol, or use illegal drugs or controlled substances during the trip, as indicated below.
6. The school reserves the right to deny a parent the opportunity to be a chaperone if the above guidelines are not followed.

Reservations, arrangements, and fees for the trip are at the discretion of the teacher in charge of the trip.

ZERO TOLERANCE POLICY:

Anyone who:

- is found in possession of loaded or unloaded firearms, knives, explosive devices, or any other dangerous weapons
- has possession, sells, or is under the influence of any controlled substance or alcohol
- commits or attempts to commit robbery or extortion
- causes, attempts to cause, or threatens to cause serious physical injury to another person

shall immediately be suspended and may be recommended for expulsion, unless the particular circumstances of the case indicate that expulsion is inappropriate. No exception shall be made in the case of possession of a loaded or unloaded firearm.

According to Education Code 35330, all persons going on a field trip or excursion shall be deemed to have waived all claims against the Nevada Joint Union High School District or the State of California for injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion. All adults taking out-of-state field trips or excursions shall sign a statement waiving such claims.

Waiver for Out-of-State Field Trips

The undersigned individual is participating in an out-of-state field trip and hereby waives all claims against Nevada Joint Union High School District or injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion.

I understand and agree to follow the Field Trip Policy, the Zero Tolerance Policy, and if the field trip is out of the State of California, the out-of-state waiver, during the entire period of the field trip.

Signature of Chaperone

Printed Name of Chaperone

Date

Parent Driver



**AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION**

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, _____

COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____	SIGNATURE OF EMPLOYEE X
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I, _____, of _____
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE X
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To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.