



DOS PUEBLOS HIGH SCHOOL

SANTA BARBARA HIGH SCHOOL DISTRICT
7266 ALAMEDA AVENUE, GOLETA, CALIFORNIA 93117
(805) 968-2541 • FAX: (805) 968-2891 • WWW.DPHS.ORG

NATIONAL BLUE RIBBON SCHOOL • CALIFORNIA DISTINGUISHED SCHOOL

Santa Barbara School Districts Student Transportation Form

**Please submit all of the forms at least two weeks
prior to using the vehicle for school trips.**

Check List:

- Santa Barbara School District Transportation Form
- Copy of Automobile Registration-Vehicle needs to be registered to the person driving.
- Copy of valid Driver's License
- Copy of insurance Coverage-Note: *An insurance ID card is not acceptable.* A current copy of the declaration page of the auto insurance policy indicating a minimum liability limits of \$100,000 per person/\$300,000 per accident or \$300,000 Combined single limit and listed the vehicle being used for school trips is required. Policy period must be included.
- Please return information to the DP main office switch board.
- If you have questions please call 968-2541 ext 256
Debbie Dulawan-Boe

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

School Name: _____

For School Year: _____

Student Name: _____

Student Activity: _____

Santa Barbara School Districts Student Transportation Form

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

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: _____