

Please provide the following:

- ☐ Driver's License
- ☐ Vehicle Registration
- ☐ Certificate of Insurance

KENAI PENINSULA BOROUGH SCHOOL DISTRICT

E 3541.1(a)

**SCHOOL DRIVER REGISTRATION FORM**

DRIVER (check one) ☐ Employee ☐ Parent ☐ Volunteer ☐ Student

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Telephone No. \_\_\_\_\_

☐ Driver is over 21

VEHICLE\*

Name of Owner \_\_\_\_\_

Year \_\_\_\_\_

Address \_\_\_\_\_

Make \_\_\_\_\_

License Plate No. \_\_\_\_\_

Registration \_\_\_\_\_

Expires \_\_\_\_\_

Seating Capacity must equal number of seat belts

No. of Operational Seat Belts \_\_\_\_\_

Operational Brakes ☐ Yes ☐ No

Operational lights: Headlights ☐ Yes ☐ No

Working Windshield Wipers ☐ Yes ☐ No

Brake Lights ☐ Yes ☐ No

Turn Signals ☐ Yes ☐ No

INSURANCE INFORMATION (Attach copy of insurance card)

Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_

Expiration Date\*\* \_\_\_\_\_

Liability Limits of Policy \_\_\_\_\_

(The minimum acceptable liability limit for privately-owned vehicles is \$100,000 per occurrence. If you transport students often, it is recommended that your coverage be \$300,000 per occurrence.)

Name of Agent \_\_\_\_\_

\*\*Must provide current card if policy expires during school year.

Telephone No. \_\_\_\_\_

I certify that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

The district is authorized to obtain my driving record from the Department of Motor Vehicles.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Parent signature if driver is a student)

This form is valid for school year \_\_\_\_\_.

\*Due to safety concerns, students may not be transported in a 9-15-passenger van manufactured before September 1, 2011 for any reason. 8-passenger (or less) minivans and 15 passenger vans manufactured after September 1, 2011 are allowed.

**CHAPERONE/VOLUNTEER INDEMNIFICATION STATEMENT (Waiver of Liability)**  
**VOLUNTEER ALCOHOL, DRUG, TOBACCO-FREE STATEMENT**

To the maximum extent allowed by law, I, \_\_\_\_\_ being a \_  
 (parent/volunteer/chaperone, etc.) at \_\_\_\_\_ (School) , agree to defend,  
 indemnify and hold harmless the Kenai Peninsula Borough and School District and its employees, directors and  
 designees for expenses relating to injuries, accidents, diseases, property damage and/or property loss which  
 may occur as a result of my participation in trip on \_\_\_\_\_ (Date)

I understand that the Kenai Peninsula Borough and the School District neither provides medical insurance  
 coverage nor liability insurance which would cover my actions. It will be my responsibility to provide for  
 payment of such expenses, should they occur. I am aware of the hazards associated with the transportation to  
 and from, as well as participation in this activity.

I agree to abide by the School District's workplace alcohol, drug and tobacco policy ([BP 4020 Drug and Alcohol-  
 Free Workplace](#))([AR 6153 School-Sponsored Trips](#)) and will be alcohol, drug and tobacco-free during the trip.

I understand that chaperones must stay with the group for the duration of the trip from departure to return.  
 Any deviation must be approved by the principal. ( [AR 6153 School-Sponsored Trips](#))

I understand that chaperones must have an approved background check prior to the field trip. ( [AR 6153 School-  
 Sponsored Trips](#)) (The application for this Volunteer Screening Process is at  
<http://www.kpbsd.k12.ak.us/departments.aspx?id=19556>.)

I have completed a volunteer background check application for the current school year.

Additional information is available through \_\_\_\_\_ (trip organizer's name) at  
 \_\_\_\_\_ (phone number/location).

\_\_\_\_\_  
 Parent/Guardian/Volunteer's Printed Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Witness's Printed Name

\_\_\_\_\_  
 Witness's Signature

\_\_\_\_\_  
 Date

Original – Principal, Copy – Parent

**Do not use this form for students or for employees who are acting in the course and scope of employment while participating in this trip**

# KENAI PENINSULA BOROUGH SCHOOL DISTRICT

3541.1(b)

## Private Vehicle Transport Safety Check\*

The following is to be completed by school personnel for any person driving a private vehicle transporting KPBSD students to a District sanctioned event. The Principal or designee is responsible for reviewing this form with the driver prior to each trip. Once this checklist has been completed, a copy is to be kept on file at the school.

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Y                        | N                        |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Driver has a current completed form E 3541.1(a) on file in the office for the current school year.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Driver has a written and completed form E 6153(h) on file in the office for the current school year. |
| <input type="checkbox"/> | <input type="checkbox"/> | Number of persons in the vehicle does not exceed the number of working seat belts.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | All lights, brakes, windshield wipers appear to be in working order.                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicle has a spare tire, jack.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Driver has a cell phone. Number: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Driver has a list of emergency contact numbers (to include school principal and State Troopers)      |
| <input type="checkbox"/> | <input type="checkbox"/> | Driver is at least 21 years of age and has a valid state approved driver's license.                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Driver has current copy of insurance card and registration in the vehicle.                           |

School Personnel Completing  
This Form:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date