



El Monte Union High School District

Driver Information Sheet Business Office

Driver Information: Submission: _____ New _____ Renewal ***Please include a copy of your Driver License***

Name: _____ Date of Birth: _____
(As it appears on Driver License)

Street: _____ Last 4 of Social Security: _____

City, State, Zip _____ Telephone: _____

Driver License Number: _____ Expiration Date: _____

I am: _____ An Employee _____ A Parent _____ A volunteer

If an employee, list position: _____ Site of employment: _____

Event: Reason for transporting students (If known or as needed): _____

Please list dates if known or as needed: _____

Vehicle Identification If driving your own vehicle, please provide a copy of your declaration page, it must include the effective and expiration date.

Owner: _____ Address: _____
Complete address with zip code

Year/Make/Model: _____ License Plate Number: _____

Insurance Information:

Insurance Carrier: _____ Policy #: _____

Liability Limits: _____ Expiration Date: _____

CERTIFICATION: I certify the information given above is true and correct to the best of my knowledge. I understand that I must hold a valid California Driver's License, maintain insurance coverage as required by law at all times when operating my own vehicle, and I am subject to verification of my driving record through the Department of Motor Vehicles. I agree to not exceed the maximum capacity of seats the vehicle I am operating holds and I am only authorized to transport students from their designated school site to the approved school related event and back to the designated school site. Furthermore, per EMUHSD Board Policy/AB/exhibit 4060, as a district employee/volunteer, I must obtain written approval in advance, from an administrator, and the student's parent/guardian to transport a student alone in any vehicle. I acknowledge reading the employee/student policy and agree to abide by it.

Applicants Signature _____ Date _____

School Site

Name of Site Administrator Site Administrator's Signature Date

AUTHORIZATION TO BE COMPLETED BY CBO/DIRECTOR OF FISCAL SERVICES

_____ **All Mandated Trainings Completed** _____
Person Certifying Date

_____ Approved _____ Denied _____
CBO/Director of Fiscal Services Date