

**BERKELEY UNIFIED SCHOOL DISTRICT
NOTIFICATION TO ADULTS DRIVING PRIVATE VEHICLES**

Volunteer's Name: _____

Thank you for volunteering to transport _____ students in your private vehicle from
_____ to _____ on _____ between the hours of
_____ am/pm to _____ am/pm.

We want to inform you of the following while using private transportation:

1. The District's liability insurance does not cover damage to your vehicle or traffic violations incurred by the operation of your vehicle
2. Each driver of a private vehicle must have a valid California driver's license.
3. Each vehicle shall carry liability insurance of at least \$300,000 per accident. This coverage is primary.
4. Passengers who are students must have the written consent of parent/guardian.
5. Vehicles must be registered in California and in proper mechanical condition.
6. No financial payment by the District shall be made for pupil transportation provided in a private vehicle.
7. The number of passengers to be transported in any one vehicle shall not be more than the number of seat belts in the vehicle
8. The driver and all passengers must wear seat belts.
9. 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 (10)
10. Trucks and pickups may not transport more persons than can safely sit in the passenger compartment.

Please sign below indicating that you understand these requirements and that you recognize the personal implications and responsibilities of the trip and return this notification to the school office.

School Principal _____ Date _____

Driver's Signature _____

California Driver's License # _____

Insurance Company _____ Policy # _____

Policy Renewal Date _____ Limits _____

BERKELEY UNIFIED SCHOOL DISTRICT

NOTIFICATION TO PARENT OR GUARDIAN OF STUDENTS RIDING IN PRIVATE VEHICLES WHILE PARTICIPATING IN A SCHOOL SPONSORED TRIP OR ACTIVITY

Dear Parent:

Exceptional circumstances merit the use of private vehicles rather than District vehicles for the following special trip:

Date: _____ Time: Departure _____ Return _____

Destination: _____

Purpose: _____

Driver: Teacher _____ Parent _____ Other _____

Our District's policy requires that the trip must be optional and students cannot attend without the consent of the parent. Your student will not be covered by the District's automobile liability insurance policy. The District requires, however, that each driver carry insurance of at least \$300,000 per accident. You may also wish to review whether your own family health and accident insurance coverage is adequate for this trip.

Please sign below indicating that you consent to have your student participate in this trip or activity under the conditions described and that you waive all claims against the Berkeley Unified School District for any injury, accident, illness or death occurring to your son/daughter named below during or by reason of the trip described above.

Principal: _____ School: _____ Date: _____

Student's Name: _____

Parent's Signature: _____