

# Miss Sue's Little Lambs Preschool

## SCHOOL DRIVER REGISTRATION FORM

Driver (circle one):    Employee          Parent/Guardian          Volunteer

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell/pager) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Class \_\_\_\_\_ Exp. Date \_\_\_\_\_

### **VEHICLE INFORMATION:**

Name of Registered Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Lic. Plate No. \_\_\_\_\_

Registration Expires \_\_\_\_\_ # of Seat Belts \_\_\_\_\_

### **INSURANCE INFORMATION:**

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

Telephone No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

### **DRIVER STATEMENT:**

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and 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 f or damages.

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Date