

**ANDERSON VALLEY SCHOOL DISTRICT  
DISTRICT DRIVER FORM  
(AUTHORIZATION TO DRIVE SCHOOL VEHICLES)**

1. Driver Category (please check one)

Employee

Coach

Volunteer

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

Telephone: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. Are you under the age of 21 years old? (District policy states all drivers must be at least 21 years of age in order to drive a school vehicle)

Yes

No

3. Have you ever been convicted of reckless driving, or driving under the influence of drugs or alcohol within the past five (5) years?

Yes

No

If Yes, District policy prohibits your serving as a driver.

4. Safety: As a driver of a car transporting students, you are responsible for following all traffic/safety rules including but not limited to the following:

- Follow all speed limits
- Shift vehicle appropriately while traveling on hills and mountains
- Make complete stops at traffic signs
- No use of tobacco while transporting students
- Seatbelts for all passengers engaged while driving

6. Permission and medical treatment forms must be carried in the vehicle

**I certify that I have met all District Requirements to drive a school vehicle.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date