



Nestor Elementary School

Date: _____

Driver Certification For Insurance & Vehicle Specifications

STUDENT(S): (List all students attending Nestor – one in each column)			
TEACHER(S):			
DRIVER'S NAME AND ADDRESS:			
DRIVER'S PHONE NO.			
VEHICLE OWNER'S NAME:			
VEHICLE OWNER'S ADDRESS:			
VEHICLE OWNER'S PHONE NO.			
MAKE & MODEL OF VEHICLE:			
YEAR OF VEHICLE:			
INSURED LIMIT (3rd PARTY LIABILITY):			
NUMBER OF SEAT BELTS IN VEHICLE:			
EQUIPPED WITH PASSENGER-SIDE AIRBAG:		Yes	No

To the best of my knowledge the vehicle identified above is in safe road worthy condition and my drivers license is in good standing.

I understand that each student transported must wear a seat-belt and that if my vehicle has passenger side air bags, no student will occupy that seat.

I have at least one year's driving experience.

I understand that extracts of my driving record may be requested from the Motor Vehicles Department.

I accept responsibility for notifying the school of any changes in the above information.

Driver's Signature

Date