

**GATEWAY HIGH SCHOOL  
USE OF PRIVATE VEHICLE REQUEST FORM**

**DRIVER INFORMATION:** *(please print)*

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

Address: \_\_\_\_\_  
Street City State Zip Code

Driver's License Number: \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Number State Month Day Year

Driver's License Expiration Date: \_\_\_\_\_

**Please attach a current copy of Driver's License.**

**VEHICLE INFORMATION:** *(please print)*

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_

Registered Owner: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

**INSURANCE INFORMATION:** *(please print)*

Insurance Carrier: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Policy Number: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Limits of Liability: \_\_\_\_\_

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must possess a valid driver's license, have the proper and current license and vehicle registration, and have at least the minimum insurance coverage in effect as specified in the California Vehicle Code on any vehicle used to transport students. I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have no knowledge of mechanical defects that could impose a danger while transporting students.

**I give my permission to allow Gateway High School to obtain my motor vehicle record from the Department of Motor Vehicles.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name - Please Print)