



# Torrance Unified School District

2335 Plaza Del Amo, Torrance CA 90509-2954  
(310) 972-6500

## **TRANSPORTATION FOR SCHOOL-RELATED TRIPS**

All schools in the Torrance Unified School District require the completion of permission forms which indicate that parents have given permission for their students to participate in voluntary events away from school premises with transportation provided by individuals including coaches, parents, sponsors, or other adults at least 21 years of age.

The Torrance Unified School District does not provide transportation to certain voluntary events. It is solely the parent's responsibility to arrange for transportation for his/her student if the parent wishes his/her student to attend and participate in the event(s).

If, as a parent or guardian, you would like to volunteer to drive students, or wish to grant permission for your student to drive him/herself to and from the event, the attached form must be completed, signed and returned to the school prior to the event.

Please read the form carefully.

DRIVERS ARE NOT ACTING AS AGENTS OF TUSD.

DRIVERS ARE NOT DRIVING ON BEHALF OF TUSD.

ALL DRIVERS MUST CARRY THEIR OWN INSURANCE.

TUSD DOES NOT PROVIDE INSURANCE FOR THE DRIVERS OR PASSENGERS.



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## TRANSPORTATION FOR SCHOOL-RELATED TRIPS

### DRIVER REGISTRATION FORM

#### DRIVER INFORMATION

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

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

Telephone: \_\_\_\_\_

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

#### VEHICLE INFORMATION

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

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

Make: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate No: \_\_\_\_\_

Registration Expiration: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

#### INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Policy No: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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

#### DRIVER STATEMENT

I certify that I am a licensed driver by the state of California and am fully insured to drive the car listed above. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

I certify that I have received and will abide by the driver instructions provided by the District.

Driver (Student/Adult) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Driver Signature: \_\_\_\_\_ Parent (if Student Driver) Signature: \_\_\_\_\_

*(a copy of all completed and approved Driver Registration Forms must be kept on file at the school site)*

## **TRANSPORTATION FOR SCHOOL-RELATED TRIPS**

### **DRIVER INSTRUCTIONS**

When using your vehicle to drive to a school-related sports event:

1. Prior to using a student's personal vehicle to drive to a school-related event: Provide school with a copy of student's driver's license and proof of current insurance.
2. Students must have in their possession proof of current insurance and a valid driver's license.
3. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
4. Carry only yourself and/or siblings. No student driver can transport any other student aside from his/her siblings.
5. Require each passenger to use appropriate passenger restraint systems or safety belts in accordance with the law.
6. Obey all traffic laws.
7. Take the most direct route to the destination or event without unnecessary stops.

**In case of emergency, call 911.**