

**Tillamook School District #9**  
2510 First St, Tillamook, OR 97141  
(503) 842-4414

**Registration for Transporting Students in Private Vehicles**

All drivers must have THIS FORM and accompanying documentation on file at the district office and must be prearranged through the district office before driving a personal vehicle to transport students. **NO EXCEPTIONS.**

Date: \_\_\_\_\_ Check one: District Employee \_\_\_\_\_ Volunteer \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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

The District requires that each driver carry minimum liability limits of 50/100/50. *Proof of insurance showing the current limit of liability is required. A copy of the proof will be attached to this form.*

Personal Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ License # \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

Will students be transported? Yes \_\_\_\_\_ No \_\_\_\_\_

☐ I acknowledge that the District or its agent may conduct a driving record check through  
Initial the Department of Motor Vehicles or other agencies as deemed necessary by the District.

☐ I, the undersigned, as an individual and/or representative of the District, have read and  
Initial agree to abide by the policies set forth by the District in regard to transporting students.

☐ I am aware that my personal auto insurance is primary over any insurance provided by the  
Initial District.

**\*\* Please note that any vehicle used to transport students must have an adequate number of seat restraints and the driver MUST require their use.**

Employee/Volunteer Signature \_\_\_\_\_

Administrator Signature \_\_\_\_\_