

San Diego Unified City Schools
Phoebe Hearst Elementary

INSURANCE AND DRIVER'S INFORMATION FOR
DRIVERS OF PRIVATE CARS FOR TRANSPORTATION
OF CHILDREN TO/FROM FIELD TRIPS
2006-2007

Please provide the following information along with a copy of your CA
Driver's License and car insurance.

Date: _____

Liability Insurance:

_____ Insured (Parent) _____ Student's Name _____ Student's Teacher

Insurer: _____ Policy # _____

_____ Type of Coverage _____ Coverage \$ Per Incident _____ \$ Total

Valid Driver's Lic. # _____ State: _____ Renewal Date: _____

Safety of Vehicle Checked: YES _____ NO _____ # of Car Seats Avail: _____

Student(s) at Hearst: _____

Student(s) Teacher/Room: _____

Driver's Signature: _____

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Please submit to Anita . This Information is kept on file for each individual parent
and must be filled out yearly.