



KETCHIKAN GATEWAY BOROUGH SCHOOL DISTRICT
BUSINESS OFFICE
333 SCHOENBAR ROAD
KETCHIKAN, AK 99901

SCHOOL DRIVER REGISTRATION FORM

TYPE OF DRIVER (circle one): Employee Parent Volunteer

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ DRIVER LIC NUMBER: _____

CITY/STATE/ZIP _____ EXP DATE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

VEHICLE

REGISTERED OWNER: _____ YEAR: _____

ADDRESS: _____ MAKE: _____

LICENSE NUMBER: _____

SEATING CAPACITY: _____ SEAT BELTS: _____

INSURANCE INFORMATION:

INSURANCE COMPANY: _____

POLICY NUMBER: _____ EXP DATE: _____

Minimum acceptable liability limit for privately owned vehicles is \$100,000 per occurrence. If you transport students, it is recommended that your coverage be \$300,000 per occurrence.

Attach copies of driver's license, insurance card for the vehicle, and policy stating coverage, to this form.

I certify that the information given above is true and correct. I understand that if an accident occurs my insurance company shall bear primary responsibility for any losses or claims for damages:

Signature: _____ Date: _____

Fax to: the School District Business Office at 907-247-2143 or mail to the address above.

