

East Side Union High School District
PERSONAL AUTOMOBILE USE
Permission Form

Name _____	Birth Date _____
Driver's License # _____	
Year & Make of Auto _____	
Vehicle License Plate # _____	
Policy # _____	Expiration Date _____
Liability Limits _____	
Driving Restrictions _____	
<p>I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage and agree to advise the district, in writing, of any changes in the above information.</p>	
_____ <i>Signature</i>	_____ <i>Date</i>

Principal's Signature **REQUIRED**

_____ <i>Signature</i>	_____ <i>Date</i>
---------------------------	----------------------

NOTE: *If you drive your personal automobile while on school business and you are involved in an accident, by law your own insurance policy is used first. The District liability policy would be used only after your liability policy limits have been exceeded. The district does not cover, nor is it liable for comprehensive and collision coverage to your vehicle.*

PLEASE COMPLETE THE FOLLOWING INFORMATION	
School: _____	Date of Activity: _____
Activity: _____	Location: _____
Address: _____	Telephone #: _____