

SANTA YNEZ VALLEY UNION HIGH SCHOOL DISTRICT

DRIVER'S APPLICATION/INFORMATION FORM

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

TELEPHONE: \_\_\_\_\_  
(Home) (Work)

RESIDENCE ADDRESS: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (Zip Code)

MAILING ADDRESS: \_\_\_\_\_

CALIFORNIA DRIVER'S LICENSE NUMBER: \_\_\_\_\_

AUTOMOBILE INSURANCE CARRIER: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

SERVICE TO BE PERFORMED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature) (Date)