

APPROVED DRIVER FORM

Form Completion Required Annually

Effective 7-20-21

The Florida Division of Motorist Services, Bureau of Driver License Records requires a \$10.00 fee to check your driving record.

Are you employed by Seminole County Public Schools? ___yes ___no
Employees do not have to register as a Dividend.

- Step 1: You are **required** to sign up and be approved as a SCPS Dividend **each year** after July 1st before you apply to be an approved driver. Go to www.scps.k12.fl.us. Click "I WANT TO", then click "Get Involved", next click "Dividends Volunteer Program", finally click "2021-2022 Dividend/Volunteer Registration".
- Step 2: Complete this form, return to the Athletic Secretary accompanied by a check for \$10.00 made payable to SHS. Processing can take up to 3 weeks. Forms are available on our web-site after July 1st at: www.seminolehs.scps.k12.fl.us/athletics or in the Athletics Office, Bldg 1, Room 01-046.
- Step 3: **Only** overnight chaperones and volunteer coaches must be fingerprinted at SCPS, 400 East Lake Mary Blvd, Sanford. Hours: 8:30a.m.-noon, 2:00-4:00p.m. Call 407-320-0457 for further information.

Once approved, you will be allowed to transport students for **ANY** school-sponsored activity. To verify the status of your application, you may call the athletic secretary at 407-320-5057. Please allow 3 weeks for processing.

2021-2022

Please list school activities you might transport students for: _____

Driver's information (Please print clearly)

NAME: _____
ADDRESS: _____

DATE OF BIRTH: _____/_____/_____
FLORIDA DRIVERS LICENSE #: _____
DAY PHONE: _____
CELL PHONE: _____
STUDENT NAME(S): _____

Must have the minimum insurance coverage:

- A. \$100,000/\$200,000 Liability*
- B. \$50,000 Uninsured Motorist
- C. \$10,000 Personal Injury Protection (0 deductible)
(Burden of proof is on the driver)

*Comparable uninsured motorist coverage in the same limit is advised.

Please return completed form to the Athletic Secretary in Building 1, Room 01-046 along with your check for \$10.00 made payable to SHS.

For Office Use Only:

Date Received: _____ Check# _____ Initials: _____