

**APPROVED DRIVER FORM**  
**Form Completion Required Annually**  
Effective 7-1-13

**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 1<sup>st</sup> before you apply to be an approved driver. Log on to [www.scps.k12.fl.us](http://www.scps.k12.fl.us). Click on "Dividend School Volunteer", then click on "Be a Volunteer-Apply Here"
- Step 2: Complete this form, return to the Front Desk Secretary accompanied by a check for \$10.00 made payable to LBHS. Processing can take up to 3 weeks. Forms are available on our web-site after July 1<sup>st</sup> at: [www.lakebrantley.com](http://www.lakebrantley.com) or in the Athletic/Activities Office, Bldg 1.
- 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 front desk at 407-746-3450. Please allow 3 weeks for processing.

**2016-2017**

**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 Front Office Secretary in Building 1 along with your check for \$10.00 made payable to LBHS.**

<b>For Office Use Only:</b> Date Received: _____ Check# _____ Initials: _____
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