

REQUEST FOR TRANSPORTATION BY PRIVATE VEHICLE

Requesting Staff Member: _____

Purpose of the Trip: _____

Date(s) of the Trip(s): _____

Time(s) of Departure: _____ Time(s) of Return: _____

Owner of the Vehicle: _____

Driver of the Vehicle: _____

Description of the Vehicle (make, model, year) _____

Amount of Liability Insurance: _____

Name of Insurance Company (attach a copy of front page of policy) _____

I affirm and certify the following:

_____ There is a safety belt for each passenger and I will require all passengers to use the safety belts.

_____ I have a valid operator's license in this State (attach a copy of license).

_____ Each student's parent has provided written consent to the trip (attach a copy of consent form(s)).

_____ The vehicle is in proper operating condition.

_____ No hazardous road conditions on the itinerary are forecast.

_____ Proper transportation has been arranged for each student upon return to the school.

_____ No other person other than the driver listed above will be driving the vehicle during the trip.

_____ Any student under the age of twelve (12) will be seated in the rear seat of the vehicle.

_____ If the trip is out-of-town and the transportation is approved, a copy of each student's Emergency Medical Authorization Form 5341F1 will be maintained in the vehicle during the trip.

_____ A list of names of the student who will be riding in the vehicle will be provided to the school office.

_____ I have no more than eight (8) points and/or no six (6) point conviction on my license within the last twenty-four (24) months.

Signature of Staff Member _____ Date _____

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_____ Transportation Approved

_____ Transportation Not Approved

Principal: _____ Date: _____

PARENTAL CONSENT FOR TRANSPORTATION BY PRIVATE VEHICLE

I have reviewed the following information and consent to my child being transported by private vehicle for this purpose.

Purpose of the Trip(s): _____

Date(s) of the Trip(s): _____

Time of Departure: _____ Time of Return to School: _____

Owner of the Vehicle: _____

Driver of the Vehicle: _____

Description of the Vehicle (make, model, year): _____

I understand the school verifies that the driver has a valid operator's license and possesses/maintains vehicle liability insurance in an appropriate amount. In addition, I understand the Board requires the driver to affirm and certify that their vehicle is in proper operating condition, and that a safety belt will be available for each student in the vehicle. I agree to instruct my child to use the safety belt. Further, I understand the Student Code of Conduct applies while my child is being transported in the private vehicle.

Parent Signature

Date

Name of Student: _____