

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 Vehicle (make, model and year) _____

Amount of Liability Insurance _____

Name of Insurance Company (attach a copy of front page of insurance 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 students 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 convictions on my license within the last twenty-four (24) months.

 Signature of Staff Member _____
Date

Transportation Approved Transportation Not Approved

 Principal _____
Date