



Patchogue-Medford School District

241 South Ocean Avenue
Patchogue, New York 11772

Transportation Office – 687-6460
Athletic Office – 687-6420

6145.3 - Schedule A

AUTHORIZATION TO TRANSPORT STUDENTS

This form may only be completed by an employee of the Patchogue-Medford School District. No other person is authorized to submit this form. Applications will not be processed for an employee who is not the registered owner of the vehicle for which consideration for use is requested.

I, _____, request authorization from the Patchogue-Medford School District to transport Patchogue-Medford students in my private vehicle for the purpose and on the dates indicated below:
(Full name)

Dates: _____

Purpose: _____
(Include destinations)

Further, to assist the District in making a determination, I certify the following information as being true and correct:

- Home address: _____

- Home telephone number: _____
- School: _____
- Position: _____
- Description of vehicle to be used:
 - Make _____ Model _____ Year _____
 - Identification # _____ No. of passengers allowed _____
- Name of registered owner*: _____
- Registration expires: _____
- Vehicle plate number: _____
- Employee's New York State license number*: _____
- License expires: _____

(Continued...)

6145.3 - Schedule A (Continued)

- Description of all traffic violations incurred during the past two years and which may now be pending (do not include parking tickets): _____
- List of all license restrictions (i.e., corrective lenses, etc.): _____
- Vehicle last inspected on: _____
- Vehicle inspection number: _____
- Insurance policy number and policy expiration date: _____

- Names of, grade level, and school for students to be transported:

Student Name	Grade	School

*** A copy of each document must be attached to this application.**

Should this application be approved, I understand that I will be the only person authorized to drive the above-described vehicle when transporting District pupils. Further, I agree to comply with all District policies and procedures governing such matters and to apprise the District immediately of any changes to the details noted on this form.

Employee's signature

(For District Use)

Approval Recommended:

Principal

Approval Granted:

Assistant Superintendent
for Instruction