

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 _____

Amount of Liability Insurance _____

Name of Insurance Company _____

I have verified the following:

- There is a safety belt for each passenger.
- The driver has a valid operator's license in this State.
- Each student's parent has provided written consent to the trip.
- 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.

Signature of Staff Member

Date

Transportation Approved

Transportation Not Approved

Principal

Date