



DRIVER PERMISSION / STUDENT SELF-TRANSPORTATION FORM

This form must be completed and approved by the Principal prior to the transportation of students to any school related activity when a private vehicle with a seating capacity of less than ten (10) passengers is used.

Driver

I, _____, wish to provide transportation to _____
(Driver) (Activity)
at _____ on _____
(Location) (Date)

I am a Student Volunteer School employee

1. Do you have a current, valid driver's license? _____ State _____ License # _____

2. Vehicle I will use to transport students _____
(Year, Make, Model)

3. Vehicle's automobile insurance company _____

Policy # _____ Broker/Agent _____ Phone # _____

I understand that in the event of an automobile accident, I must notify school personnel responsible for this activity during normal school hours. Further, and if I am not a school employee, I understand that in the event of an accident involving personal injury or property damage that the school, school personnel, the Superintendent, and members of the Board of Education are not responsible. Claims should be directed to the automobile insurance company listed above.

By signature below, I acknowledge the information provided here is accurate and that I understand and agree to the terms contained herein.

Driver's Signature _____ Date _____

Parent/Guardian Signature (of Student Driver) _____

Address _____ Telephone Number _____

Student Passenger

My child, _____, has permission to ride with _____
(Student Passenger) (Driver)
to _____ at _____
(Activity) (Location)
on _____ I understand my child will be picked up from _____
(Date) (Location)
and returned to _____
(Location)

Parent/Guardian Signature _____

Address _____ Telephone Number _____

Coaches Signature _____ **Athletic Directors Signature** _____

Action by the Principal: Approved _____ Not Approved _____

(Principal's signature) Date _____

This form must be retained by the school for ninety (90) days. If notice of an automobile accident is received, please forward the completed form to the Office of Insurance and Safety Management.