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