REQUEST FOR TRANSPORTATION BY PRIVATE VEHICLE

Requ	uesting Staff Member
Purp	ose of the Trip
Date	(s) of the Trip(s)
Time	e(s) of Departure Time(s) of Return
Own	er of the Vehicle
Drive	er of the Vehicle
Desc	cription of Vehicle (make, model and year)
Amo	unt of Liability Insurance
Nam	e of Insurance Company (attach a copy of front page of insurance policy)
I affir	m 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.
Signa	ature of Staff Member Date
[]	Transportation Approved [] Transportation Not Approved
Princ	pipal Date