

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

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☐ Transportation Approved☐ Transportation Not Approved\_\_\_\_\_  
Principal\_\_\_\_\_  
Date