



PRIVATE VEHICLE / INSURANCE INFORMATION

Complete the following for **each privately owned vehicle** to be used for transporting students to and from school related activities.

TO BE COMPLETED BY VEHICLE OWNER

Model of Vehicle _____ Name of Owner(Print) _____

Year of Vehicle _____ Name of Driver (Print) _____

Make of Vehicle _____ Vehicle TagNumber _____

I certify that the above-described vehicle, which is to be used only for the approved transportation purposes set forth below, is covered by bodily injury liability insurance equaling or exceeding \$10,000 per person/\$20,000 per occurrence and personal injury protection ("No- Fault") coverage equaling or exceeding \$10,000 per person. I acknowledge that my insurance will be primarily responsible in the event of an accident.

This coverage is with _____ Insurance Co. and expires on _____
Month/Day/Year

This vehicle complies with the Federal Motor Vehicle Safety Standards. (Verification of compliance is normally reflected by a sticker located in the door well of the driver's door.)
Yes _____ No **NOTE: If No, the vehicle is NOT to be used for transporting students.**

Signature of Owner _____ Date _____

Address _____ City _____ State _____

Zip Code _____ HomePhone (_____) _____ CellPhone (_____) _____

TO BE COMPLETED BY VEHICLE DRIVER

Driver's License: State _____ Number _____

I verify that I have a current driver's license in good standing and am an approved volunteer. I understand that I am authorized to only use the aforementioned vehicle for transportation of students, and that I am only authorized to transport students for the purpose of

_____ (field trip/illness/recreational outing/interscholastic competition) to the following location and back _____

and that I am not to deviate from the authorized transportation destinations. I attest that all information provided on this form is true and accurate.

I understand that all passengers will be seated in designated seating positions and shall be required to use the occupant crash protection system provided by the vehicle manufacturer.

Signature of Driver _____ Date _____

Address _____ City _____ State _____

Zip Code _____ HomePhone (_____) _____ CellPhone (_____) _____

TO BE COMPLETED BY THE SCHOOL PRINCIPAL OR DESIGNEE

Teacher Sponsor _____

The above driver and vehicle is approved to transport students on _____ (Date).

Signature of Principal or Designee _____ Date _____

School _____