Student Transportation in Private Vehicles Form

Student Transportation in Private Vehicles Form

This form is to be completed and forwarded to the Assistant Superintendent of Schools whenever a private vehicle is used for a school-sponsored activity.

School _____ Date _____

Driver’s Name _____

Driver’s Age _____ Time of Activity: _____ Leave _____

Year and Make of Vehicle _____ Return _____

Purpose of Activity _____

Number of students _____ Destination _____

Signatures of the adult and principal on this form indicate that all procedures found in district policy have been followed. Verification of vehicle safety, driver’s license and insurance requirement will be made by the school principal.

In addition, a letter explaining the activity will be forwarded to the parent of each student involved which will be returned to the school with the parent’s signature.

Adult Driver _____

Principal _____

Assistant Superintendent _____

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