

REQUEST FOR TRANSPORTATION BY PRIVATE VEHICLE

Requesting Staff Member: \_\_\_\_\_

Designated Supervisor of Activity: \_\_\_\_\_

Purpose of the Trip: \_\_\_\_\_

Date(s) of the Trip(s): \_\_\_\_\_

Time(s) of Departure: \_\_\_\_\_ Time(s) of Return: \_\_\_\_\_

Method of Transportation: Staff Member \_\_\_\_\_ Adult Volunteer \_\_\_\_\_  
(Name) (Name)

Licensed Student Driver: \_\_\_\_\_ Other: \_\_\_\_\_  
(Name) (Name)

Owner of the Vehicle(s): \_\_\_\_\_

Driver(s) of the Vehicle(s): \_\_\_\_\_

I will assure the following:

- All drivers will be provided a copy and will acknowledge receipt of Policy #8640.
- All drivers (8660 F3a or F3b) and student passengers (8660 F2) will complete appropriate forms and copies will be on file in the \_\_\_\_\_.
- There is a safety belt for each passenger.
- The driver has a valid operator's license in this State.
- The vehicle and driver are insured and provide proof of insurance.
- 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(s) listed above will be driving the vehicle during the trip.

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date

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Transportation Approved

Transportation Not Approved

\_\_\_\_\_  
Superintendent or designee's Signature

\_\_\_\_\_  
Date