Alachua County Public Schools

Transportation Division

Request to Transport Students in Private Vehicle

Name of Driver: _____

Address: _____

Event: _____ Date of Event: _____

Origin: _____ Destination: _____

Time of Departure: _____ Time of Return: _____

Faculty Sponsor: _____

I request permission to transport student(s) in the following described private vehicle for this event:

_____	_____	_____
Make	*Year*	*Model*
_____	_____	_____
License Number	*State*	*Registration*

I have personal injury protection and property damage liability insurance currently in effect with:

_____ under _____

Company Name *Policy Number*

covering this vehicle. The vehicle is in good working order. The student(s) will be transported only in designated seating positions, and I will require the student(s) to use the vehicle manufacturer's crash protection system (lap/shoulder belts).

I declare that I have read the foregoing form and that the facts stated in it are true.

_____ _____

Date *Driver's Signature*

APPROVAL TO TRANSPORT STUDENT(S)

APPROVAL IS GRANTED for the above-listed driver to transport student(s) in the private vehicle and for the event shown above.

_____ _____

Date *Principal's Signature*

Attach photocopy of driver's license, insurance ID card and list of names of student(s) to be transported.

___ School Administrator
___ Driver