

APPROVAL FOR USE OF PRIVATE/DISTRICT VEHICLE

School: _____ Date(s) of Trip: _____

This authorizes _____ (circle one: parent/employee/volunteer)
to voluntarily use a private/district vehicle for the transportation of pupils of this school for the purpose of

TO BE COMPLETED BY ALL DRIVERS

Do you have a valid driver's license? _____ Yes _____ No

Have you had any accidents, DUI's or moving violations in the last three years? If yes, please explain. _____ Yes _____ No

Do you agree to obey all traffic laws relative to the operation of the vehicle including the use of cell phones while driving and agree to require all occupants to wear seat belts when the vehicle is in motion? _____ Yes _____ No

TO BE COMPLETED IF DRIVING YOUR OWN PRIVATE VEHICLE

Are you willing to provide transportation for other students? _____ Yes _____ No

Do you have insurance in the minimum amounts of \$100,000/\$300,000 bodily injury liability and \$100,000 property damage or \$300,000 single limit? _____ Yes _____ No

Is your automobile safe, in good working order and with operable seat belts for all passengers? _____ Yes _____ No

Do you understand that a) your individual/personal automobile policy covering your vehicle will be the primary coverage in the event of liability arising out of this activity, b) the district's coverage may or may not respond, and in any case, would only cover excess liability over your policy limits, and c) the district's insurance will not respond to damage to your vehicle under any circumstances? _____ Yes _____ No

Driver: *I declare under penalty of perjury that the information provided on this application is true and accurate to the best of my knowledge.*

Driver's Signature _____ Date _____

Building Administrator: *After reviewing the above responses, I:* Approve the driver/vehicle
 Disapprove the driver/vehicle

Building Administrator's Signature for Approval _____ Date _____