

Transportation Division Request to Transport Students in Private Vehicle

Name of Driver:			
Address:			
Event:		Date of Event:	
Origin:	De	Destination:	
Time of Departure:	Time of Return:	Faculty Sponsor:	
I request permission to tra	nsport student(s) in the follow	ving described private vehicle for this event:	
Make:	Year:	Model:	
License #:	State:	Registration:	
I have personal injury pro	tection and property damage l	liability insurance covering this vehicle with	
Insurance Co.:		Policy #:	
	the foregoing form and that th	e facts stated in it are true. Date:	
	Approval to Transport St	tudent(s)	
APPROVAL IS GRANTI listed and for the event sh		to transport student(s) in the private vehicle	
Principal's Signature:		Date:	
Attach photocopy of drive	er's license, insurance ID card	and list of names of student(s) to be transported	

Form No.: TRN-2425-003 – Request to Transport Students in Private Vehicle.pdf New Date: $6/25/24\,$

____School Administrator ___Driver