

Transportation Division Request to Transport Students in Private Vehicle

Name of Driver:			
Address:			
		Date of Event:	
Origin:	D	Destination:	
Time of Departure:	Time of Return:	Faculty Sponsor:	
I request permission to tran	sport student(s) in the follo	wing described private vehicle for this event:	
Make:	Year:	Model:	
License #:	State:	Registration:	
I have personal injury prote	ection and property damage	liability insurance covering this vehicle with	
Insurance Co.:		Policy #:	
-		he facts stated in it are true Date:	
	Approval to Transport State of the above-listed drive		
Principal's Signature:		Date:	
Attach photocopy of driver	s license, insurance ID care	d and list of names of student(s) to be transported.	