

Alachua County Public Schools
Career and Technical Education Department

**Authorization for Student to be Transported
by Other Than a School Board Vehicle**

Name of Driver: _____ Adult Minor
(Check One)

Address: _____

Origin: _____ Destination: _____

Purpose: _____

I give permission for my child, *(name of child)* _____ to be transported in the following private vehicle to a designated Career and Technical activity as noted above and driven by the individual identified above:

Make: _____ Year: _____ Model: _____

License Number: _____ State: _____

The driver has personal vehicle insurance currently in effect with:

_____ under _____ covering this vehicle.
Company Name Policy Number

The student will be transported only in designated seating position, and will be required to use the vehicle manufacturer's crash protection system (lap/shoulder belts).

I declare that I have read the foregoing form and approval is granted for my student to be transported in the manner identified above, for the _____ school year.

Parent or Guardian: _____
Print Name

Parent or Guardian: _____ Date: _____
Signature