

Employee Volunteer Parent
(Must be 21 years old or older to transport students.)
 If Employee, check to drive MCSB vehicle

MARION COUNTY SCHOOL BOARD
REQUEST TO TRANSPORT STUDENT(S) IN PRIVATE VEHICLE

Forest High School
 SCHOOL

Name of Driver: _____

Address: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Event: _____ Date of Event: _____

Origin: _____ Destination: _____

Time of Departure: _____ Time of Return: _____

I request permission to transport up to (maximum # of passenger restraints) student(s) in the following described private vehicle for this event:

Make _____ Model _____ Year _____ License tag# _____ State _____

Driver license # _____ Driver license expiration date _____

I have personal injury protection and property damage liability insurance currently in effect on the above vehicle with:

Insurance Company _____ Policy Number _____ Policy exp. date _____

ATTACH PHOTOCOPY OF DRIVER'S LICENSE AND INSURANCE I.D. CARD.

To my knowledge, this vehicle is in good working order and meets the National Highway Safety Act minimum standards for the vehicle at the time of Manufacture. I understand that 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 also understand that student(s) 12 and under should ride buckled up in the back seat if my vehicle has front passenger air bags. I am aware that children under 40 pounds and children ages 4 and under, must be in appropriate child safety seats.

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

Date

Driver Signature

Each student's parent or guardian has been notified in writing of the transportation arrangements and written consent has been obtained from the student's parent or guardian.

Date

Supervising Faculty Member

NOTE: Attach a list of names of students to be transported.

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 or Designee Signature

~ An Equal Opportunity School District ~
 Drug Free Workplace
 Save-A-Friend / 1-877-7Friend
 Original - School Administration