

REQUEST TO TRANSPORT STUDENT(S) IN PRIVATE VEHICLE

(Please submit request at least two weeks prior to date of trip)

Name of Person Submitting Request: _____

Name of Driver (If Different Than Above): _____

Date(s) of Trip: _____ Year, Make, & Model of Vehicle: _____

Destination: _____ Vehicle Passenger Capacity: _____

No. of Students To Be Transported: _____

Signature: _____ Date: _____

Building Principal Approval: _____ Date: _____

Contact Transportation Department to Schedule Inspection ext. 8114
(To be completed by transportation supervisor)

- Proof of Insurance (copy of card)-Name of Carrier _____
- Policy # _____ (Will not complete inspection without proof of insurance)
- Driver's License Number _____ State _____
- Tires
- Lights
- Leaks
- Seat Belts _____
- Fire Extinguisher*
- DMV Approved Triangular Road Reflectors*
- First Aid Kit*

*The District will loan these items as needed.

Safety Inspection completed by: _____ Date: _____
Transportation Supervisor