School_		

PRIVATE VEHICLE TRANSPORTATION FORM
(This form must be submitted to the School Office prior to departure)

Activity		
To be held at	Date	
Person in charge of activity		
Chaperones		
Driver/Vehicle Information:		
Driver's name	Driver's License Number	
Vehicle's owner	Vehicle make	
Vehicle model	Vehicle license number	
Insurance company insuring vehicle and all	passengers	
Insurance policy number(Automobile limits of Liabilities car	(Proof of insurance must be attached) n be no less than \$300,000.)	
Vehicle owner's signature	Date	
Driver's signature	Date	
School approval:	Date	
********	************	
To be completed by parent:		
I hereby grant permission for my son/daugh	nter to participate in the trip/s described above.	
Student's name (please print)		
Does your student have any health problems		
If yes, please indicate		
Signed (parent/guardian)		