

**Administrative Guidelines
Authorization To Use Private Vehicle To Transport Students
Wrightstown Community School District**

I request permission to use the vehicle described below for school business purposes and/or to transport students. I am in compliance with all conditions stated in the Wrightstown School District Policy #7500 Transporting Students in Private Vehicles and Administrative Guidelines. I understand this permission allows me to transport no more students in my vehicle than available seat belts. I understand that my own insurance would provide primary coverage in case of an accident and the school's insurance would provide secondary coverage.

Employee Name: _____ School/Department _____

Address: _____

Purpose of the Trip: _____

Destination: _____

Date/Time of Departure: _____ Date/Time of Return: _____

Driver's License Number: _____
(Attach copy of license)

Insurance Information (Attach Proof of Insurance)

Vehicle Information: _____
Make/Model/Year

List any traffic violations in the last two year:

Date: _____ Offense: _____

Date: _____ Offense: _____

Student(s) to be transported: _____
(Attach a list if necessary)

Applicant Signature

Date

=====
To Be Completed by the School Principal or Designee

Teacher Sponsor: _____

The above driver and vehicle is approved to transport students on _____ (Date)

Signature of Principal or Designee: _____ (Date)