
REQUEST FOR TRANSPORTATION BY PRIVATE VEHICLE (Form 8660 F1)

Requesting Staff Member: _____

Purpose of the Trip: _____

Date(s) of the Trip(s): _____

Time(s) of Departure: _____ Time(s) of Return: _____

Owner of the Vehicle: _____

Driver of the Vehicle: _____

Amount of Liability Insurance: _____

Name of Insurance Company: _____

I have verified the following:

- There is a safety belt for each passenger.
- The driver has a valid operator's license in this State.
- Each student's parent has provided written consent to the trip.
- The vehicle is in proper operating condition.
- No hazardous road conditions on the itinerary are forecast.
- Proper transportation has been arranged for each student upon return to the school.
- No other person other than the driver listed above will be driving the vehicle during the trip.

Signature of Staff Member and Date: _____

 Transportation Approved Transportation Not Approved

Principal Signature and Date: _____