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: ________________________________________________

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[ ] Transportation Approved  [ ] Transportation Not Approved

Principal Signature and Date: ________________________________________________