



REQUEST FOR APPROVAL TO USE PRIVATE VEHICLE FOR TRANSPORTING STUDENTS

SCHOOL			
Teacher/Sponsor	Today's Date		
Activity/Event	Date(s) of Ev	Date(s) of Event	
APPROVAL IS REQUESTED TO USE THE FOLLOWING VEHICL	E AND DRIVER FOR	THE PURPOSE STATED:	
Name of Vehicle Owner			
Address of Owner			
Make/Model/Year of Vehicle / /	License Plate No.		
If this vehicle is other than an Automobile is it on the approved list?	yes	no	
Automobile Insurance Company Ins	urance Exp. Date	Policy #	
Coverage: Automobile Liability \$ Pro (Minimum \$10,000/\$20,000)	operty Damage \$	(Minimum \$10,000)	
Name of the Driver if Different from Owner			
Valid Driver's License No E	Expiration Date		
PROPOSED USE: For transportation of approximately	students from	(Point of Departure)	
to to	(Point of D	oporturo)	
(VEHICLE MUST HAVE AN OPERABLE PAIR OF SEAT BELTS			
APPROVED:			