

FIELD TRIP BY PRIVATE VEHICLE

Dear Parent/Guardian:

We scheduled the following student event. Please complete and sign this notice if you can assist in transporting students.

Date of Trip	Destination
Time Transportation Needed	Time Expected Return

Private Vehicle Pupil Transportation Minimum Requirements

1. Insurance:

Auto Liability:	Bodily Injury	100,000/300,000 per accident
	Property Damage	50,000 per accident
	Medical Payment	2,000

2. Financial Charge

No financial charge to District for vehicle use.

3. Number of Passengers (Excluding driver)

The number of passengers transported shall not exceed nine (9), or more than legally permissible. Drivers shall place all children securely restrained in back seat. *Car seats must be provided for children who are under the age of eight unless the child is at least 4'9" tall.*

Occupants in front passenger seat should be as far back as possible from passenger airbags. Students shall not ride in back of pickups or motor vehicles **not** designated for passenger seating.

If you authorize your child to drive or ride with another student, no district supervision will be present during such commute.

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TEAR OFF AND RETURN TO SCHOOL WITH A COPY OF YOUR CURRENT INSURANCE POLICY

I understand the minimum transportation requirements stated above and carry insurance through:

Insurance co.: _____

Effective Date: _____ Expiration Date: _____

Policy #: _____ Limits: _____

I am able to furnish transportation on (date): _____

The number of passengers (no more than 9) I can transport is: _____

Drivers' License #: _____ State: _____ Expiration Date: _____

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ Date: _____