

APPLICATION TO TRANSPORT STUDENTS BY PRIVATE CAR



DATE: _____ TIME: _____

REASON FOR TRANSPORTATION: _____

LEAVING FROM: _____

NAME OF DRIVER: _____

ADDRESS: _____

Street

City

Zip

DRIVER'S LICENSE #: _____

(Must possess a valid license to operate a motor vehicle in the State of Michigan)

YEAR, MAKE AND MODEL OF VEHICLE: _____

(Vehicle must have sufficient number of seatbelts for all children being transported)

VERIFICATION OF VALID INSURANCE:

Attached ☐

To Be Sent/Faxed ☐

Required Liability Insurance – \$300,000 or more; Personal Injury Insurance – \$100,000 or more

Most insurance companies are willing to fax this information to the school building.

Signature of Driver

Date

This portion of the form to be completed by the teacher on the day of the trip

NAMES OF STUDENTS TO BE TRANSPORTED BY THIS DRIVER:

(Any private vehicle used for the transportation of students must be owned by the approved driver or the spouse of the approved driver; have the capacity to hold not more than twelve (12) persons; and must conform to registration requirements of the State of Michigan)