

TRANSPORTATION BY PRIVATE VEHICLE REQUEST

School: CHS Grade/Class: 9-12

Date of Trip: _____ Depart Time: _____ Return Time: _____

Destination of Trip: _____

Purpose of Trip: _____

of Students: _____ List Names of Students Riding in this Vehicle: _____

Driver's Name: _____ Home Phone #: _____

Address: _____ Cell Phone #: _____

Driver License #: _____

Owner of Vehicle (if different from driver): _____

Car License #: _____

Insurance Carrier Information: _____

Description of Vehicle: _____

Amount of Personal Injury Insurance: \$ _____

Private Transportation/School Field Trips Driver Guidelines

As a volunteer driver for a field trip for Clarkston Community Schools, I hereby affirm that:

- ✓ The car I am driving is in excellence working order, and properly maintained.
- ✓ I will not exceed the speed limit.
- ✓ Each passenger will have their own safety belt and will wear it during the entire trip.
- ✓ I am not taking any medication or any other substance that may adversely affect my ability to drive. Further, I am physically prepared and able to drive.
- ✓ I currently do not have any "points" against my driving record.
- ✓ I will follow the exact route as prescribed by the classroom teacher, and will use my best judgment in matters of safety.
- ✓ I have insurance, including medical coverage, in full force and effect.

I have read the above guidelines and understand and acknowledge the guidelines with my signature on this form. I swear and affirm that the information provided is true and correct.

Driver Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____

Principal Approval: _____ Date: _____