

REQUEST TO USE PRIVATE VEHICLE

Completed by Instructor, Advisor/Coach

Name _____ School _____ Date _____

Destination _____

Date of Trip _____ Total number making trip _____

Departure Time from school _____ Time returning to school _____

Purpose of Trip _____

Completed by Driver

I _____ understand that in order to transport students in my personal vehicle I must meet the following criteria established by the Eastmont School District No. 206.

I further understand that my insurance company will be the primary carrier in the event of a claim.

1. I possess a valid Washington State Driver's License _____ (license no.) and have an acceptable driving record.
2. My vehicle contains the minimal state requested safety equipment. (If more than ten students are being transported the State requires a highway warning kit, first aid kit and a fire extinguisher to be in the vehicle.)
3. I carry insurance of at least \$300,000 single limit or \$100,000/300,000 for bodily injury and \$100,000 property damage from _____ Insurance Company, Policy No. _____.
4. To the best of my knowledge, my vehicle is safe to drive and equipped with seat belts.

Driver's Signature

Date

Completed by Principal

Approved

Not Approved

Principal's Signature

Date

*This form is to be kept on file in the building and is valid for the duration of a school year.