

REQUEST TO USE PRIVATE VEHICLE

(Completed by Instructor, Advisor/Coach)

NAME _____ SCHOOL _____ DATE _____

DESTINATION _____

—

DATE OF TRIP _____ NO. MAKING TRIP _____
Month Day Year Day of Week

DEPARTURE TIME _____ RETURNING TO EASTMONT _____

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.

1. I possess a valid Washington State Driver's License _____ (license number) and have an acceptable driving record.
2. I have obtained a recent Washington State Driving Abstract.
3. My vehicle contains the minimal state required safety equipment. To the best of my knowledge, my vehicle is safe to drive and equipped with seat belts.

Driver's Signature

(Completed by Principal/Superintendent)

- 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.