



I CERTIFY THAT I HAVE A FULL DRIVER'S LICENSE OR THAT I HAVE HAD A PROVISIONAL LICENSE FOR MORE THAN 151 DAYS \_\_\_\_\_  
(STUDENT DRIVER SIGNATURE)

## DRIVER PERMISSION / STUDENT SELF-TRANSPORTATION FORM

Anytime a student is transported in a private vehicle, this form **MUST** be completed.

Because it is impractical to use commercial transportation for activities involving just a few students, there are circumstances when private vehicles are used to provide transportation. This form must be approved and filed with the Principal prior to the transportation of students to any school related activities when private vehicles with seating capacity of less than 10 (ten) passengers are used.

### Driver

I, \_\_\_\_\_, wish to provide transportation to:  
(Driver)  
\_\_\_\_\_ at \_\_\_\_\_  
(Activity) (Location)  
on \_\_\_\_\_ Are you a  Student?  Volunteer?  School employee?  
(Date)

### Passenger

I, \_\_\_\_\_, as the passenger, I will be riding with:  
(Passenger)  
\_\_\_\_\_ to \_\_\_\_\_  
(Driver) (Activity)  
at \_\_\_\_\_ on \_\_\_\_\_  
(Location) (Date)

**Driver** (student, volunteer, school employee) of the vehicle (circle one), please answer the following questions:

1. Do you have a current, valid driver's license? \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_
2. Vehicle to be used to transport students \_\_\_\_\_  
(Year, Make, Model)
3. Vehicle's automobile insurance company \_\_\_\_\_  
Policy # \_\_\_\_\_ Broker/Agent \_\_\_\_\_ Phone # \_\_\_\_\_

I understand that in the event of an accident, I must notify school personnel responsible for activity during normal school hours. Further, I understand that in the event of an accident involving personal injury or property damage arising out of this activity, that the school, school personnel, the Superintendent and members of the Board of Education are not responsible. Claims should be directed to the automobile insurance company listed above and reported to the Office of Insurance Management, 2644 Riva Road, Annapolis, Maryland 21401 (410-222-5223).

*By signature below, the individual signifies the information provided here is accurate and that he/she understands and agrees to the terms herein.*

**Driver's Signature** \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **REQUIRED FOR (STUDENT DRIVER / PASSENGER)**

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Action by the Principal:** Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_  
(Principal's signature) Date \_\_\_\_\_

This form shall be retained by the school for 90 (ninety) days. If notice of an accident is received, please forward this form to the Office of Insurance Management.