

School: _____

Use of Personal Automobiles in Transportation of Students

Name of Drive: _____ Phone Number: _____

Address: _____

Has the driver(s) for the activity received any moving violations, DWI/DUI, or other citations over the last two years? Y N If yes, please list:

Name of Owner: _____ Phone Number: _____

Address: _____

Number of Students Transported: _____ Capacity of Vehicle: _____ Photocopy of DL: Y N

Copy of Insurance Card: Y N Minimum of \$100,000 Liability Insurance Coverage: Y N

Trip Destination: _____ Departure Time: _____ Return Time: _____

Reason for Trip: _____

Are there seat belts for every occupant? Y N Do the head and taillights operate properly? Y N

Does the vehicle seem to be in good condition and proper working order? Y N

Are the tires in good condition (not bald, dry rotted, damaged, etc.)? Y N

Concerns: _____

Who else will be in the vehicle: _____

Does the owner know that the vehicle will be used to transport students? Y N

As owner, I give my consent for the use of the above stated vehicle on this trip

Signature of Owner: _____

Person and/or person using their personal automobiles in the transportation of students to or from school sponsored or related activities should be aware of the following:

-Should an automobile liability accident occur in the transportation of students, the individual's personal automobile liability and physical damage coverage is primary in such cases.

-Any coverage, which the school board may have, is considered secondary.

Your signature on this questionnaire shall give the Winn Parish School Board permission to evaluate the driver(s) motor vehicle record for driving problems, citations, or DWI/DUI incidences.

Signature

Date

***Please send the original to the Transportation Supervisor and put a copy in the school's file.**