

SNOHOMISH SCHOOL DISTRICT NO. 201
USE OF PRIVATE VEHICLES FOR STUDENT TRANSPORTATION

Date of Activity ALL YEAR Time _____

Purpose/Destination Expeditionary Field Trips

Driver's Name _____ Employee _____ Volunteer _____

Staff Member in Charge of Activity _____ School Parent Partnership

DRIVER VERIFICATION:

Valid Washington State Driver's License No. _____ Birthdate _____

I attest that that the following statements are true: Yes _____ No _____

1. I have not incurred three (3) or more speeding tickets in excess of ten (10) miles per hour over the speed limit within any twelve (12) month period, within the last thirty-six (36) months; and
2. I have not had a driving privilege suspended or revoked within the preceding three (3) years.
3. I attest that I am in current physical health necessary to transport students.

Automobile Insurance Company _____ Expiration Date _____

Minimum: \$100,000 per person/\$300,000 per accident bodily injury and \$50,000 property damage
OR \$300,000 combined single limit.

_____ Please attach copy of proof of insurance form and policy limits.

Bodily Injury: \$ _____ per person; \$ _____ per accident

Property Damage: \$ _____ per accident

OR Combined Single Limit Bodily Injury and Property Damage: \$ _____

My vehicle has a rated capacity of eight (8) passengers or less. Yes _____ No _____

My vehicle is in good, working order. Yes _____ No _____

My vehicle has a working seatbelt for each passenger and the driver. Yes _____ No _____

The tires on my vehicle are in good, safe condition. Yes ? No ?

The brakes on my vehicle, including emergency brake, are in good, safe, working condition. Yes _____ No _____

NOTE: A "No" response to ANY item above disallows permission to transport students.

I verify that the above statements are true. I hereby give permission for the district to obtain a copy of my driving record/ and Washington State Patrol background check. I understand that, should an accident occur, my personal auto insurance is primary (will respond first) and that I am liable for the passengers in my vehicle.

Driver's Signature _____ Date _____

Address _____

City/State/Zip _____ Tel. No. () _____

SCHOOL AUTHORITY CHECK:

Permission forms signed by parent/guardian of each student have been obtained. Yes _____ No _____

If there are children traveling who weigh less than 60 lbs., appropriate booster seats will be utilized. Yes _____ No _____

A background check has been conducted. Yes _____ No _____

Principal/Designee Signature _____ Date _____