

Snohomish School District No. 201
USE OF PRIVATE VEHICLES FOR STUDENT TRANSPORTATION

Date of Activity _____ Time _____

Purpose/Destination _____

Driver's Name _____ Employee _____ Volunteer _____

Staff Member in Charge of Activity _____ School _____

DRIVER VERIFICATION:

Valid Washington State Driver's License No. _____ (copy attached)

Driver's Abstract, available on line from <http://www.dol.wa.gov/> (copy attached)

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 three (3) years,
2. I have not had my driving privilege suspended or revoked within the last three (3) years; and
3. I am in 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.

Attach copy of proof of insurance form **including 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 no more than eight (8) passengers. 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 **disallows** permission to transport students.

I verify that the above statements are true. I understand that, should an accident occur, my personal automobile insurance is primary (will respond first) and 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 children are traveling who weigh less than 60 lbs., appropriate booster seats will be used. Yes ____ No ____

A background check has been conducted. Yes ____ No ____

Principal/Designee Signature _____ Date _____