



### 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 Information

I, \_\_\_\_\_, wish to provide transportation to:

(Driver)

\_\_\_\_\_ at \_\_\_\_\_

(Activity/Event) (Location)

on \_\_\_\_\_ . I am a  Student  Volunteer  School Employee  Parent

(Date)

#### Passenger Information

I, \_\_\_\_\_, as a passenger, will be riding with:

(Passenger)

\_\_\_\_\_ to \_\_\_\_\_

(Driver) (Activity/Event)

at \_\_\_\_\_ on \_\_\_\_\_

(Location) (Date)

**Driver:** Please answer the following questions:

- Do you have a current, valid driver's license or have you held a provisional's license for more than 151 days? \_\_\_\_\_  
State \_\_\_\_\_ License # \_\_\_\_\_
- Vehicle to be used to transport students: \_\_\_\_\_  
(Year, Make, and Model)
- Vehicle's 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.*

\_\_\_\_\_  
Passenger's Signature Date

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

Parent/Guardian Signature \_\_\_\_\_ (Required for Student Passenger)

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

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

Parent/Guardian Signature \_\_\_\_\_ (Required for Student Driver)

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

\_\_\_\_\_  
Principal's Signature Date