

**SUMTER COUNTY SCHOOL BOARD**  
**REQUEST TO TRANSPORT STUDENT(S) IN PRIVATE VEHICLE**

\_\_\_\_\_  
SCHOOL

\_\_\_\_\_  
SUPERVISING FACULTY MEMBER

Name of Driver : \_\_\_\_\_ ( Must be 21 years old or older to transport students.)

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Origin: \_\_\_\_\_

Destination: \_\_\_\_\_

Time of Departure: \_\_\_\_\_

Time of Return: \_\_\_\_\_

I request permission to transport up to (maximum # of passenger restraints)  student(s) in the following described private vehicle for this event:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License tag# \_\_\_\_\_ State \_\_\_\_\_

Driver license # \_\_\_\_\_ Driver license expiration date \_\_\_\_\_

I have personal injury protection and property damage liability insurance currently in effect on the above vehicle with:

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy exp. date \_\_\_\_\_

**ATTACH PHOTOCOPY OF DRIVER'S LICENSE AND INSURANCE I.D. CARD.**

To my knowledge, this vehicle is in good working order and meets the National Highway Safety Act minimum standards for the vehicle at the time of manufacture. I understand that the student(s) will be transported only in designated seating positions and I will require the student(s) to use the vehicle manufacturer's crash protection system (lap/shoulder belts). I also understand that student(s) 12 and under should ride buckled up in the back seat if my vehicle has front passenger air bags. I am aware that children under 40 pounds and children ages 4 and under, must be in appropriate child safety seats.

I declare that I have read the above form and that the facts stated in it are true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver Signature

Each student's parent or guardian has been notified in writing of the transportation arrangements and written consent has been obtained from the student's parent or guardian.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Faculty Member

NOTE: Attach a list of names of students to be transported.

**APPROVAL TO TRANSPORT STUDENT(S)**

APPROVAL IS GRANTED for the above-listed driver to transport student(s) in the private vehicle and for the event shown above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal or Designee Signature

~ An Equal Opportunity School District ~  
Drug Free Workplace