

PERMISSION TO USE PERSONAL VEHICLE TO TRANSPORT STUDENTS



I request permission to drive my personal vehicle to transport students to the following activities and do so with the compliance of Board Policy 3.404 governing use of private vehicles. Please note that the pupil transportation department has three days from the day of receipt to process this request.

ACTIVITY: Description of the activity you will be traveling to

Name: Full name of driver

Date: Friday, August 03, 2018

Are you a Wilson County Schools Employee or Parent? Type Employee/Parent

Auto Insurance Carrier: Insurance carrier

- Liability Limits: Liability limits
 - Policy Number: Your policy number
 - Driver's License Number: Your driver's license number
-

Principal/Supervisor Approval: Yes/No

Principal/Supervisor Signature: _____ Date: _____

Director of Transportation Approval: Yes/No

Director of Transportation Signature: _____ Date: _____

Attach:

All documents should be color scanned and emailed to hinermanj@wcschools.com

Copy of Driver's License

Copy of Auto Insurance Certificate indicating limits of at least 100,000/300,000/50,000

Office Use Only

Approval copy sent to: Applicant's and Principal's Names Here

Approval email sent to: Applicant's and Principal's Email