

STUDENT SELF TRANSPORTATION PERMISSION AND DRIVER INFORMATION SHEET

## I. Driver:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver License # \_\_\_\_\_

**A photocopy of the driver's valid driver's license and auto insurance policy be attached to this form.**

## II. Vehicle that will be used:

Name of Owner \_\_\_\_\_ Year &amp; Make \_\_\_\_\_

Owner Address \_\_\_\_\_ Model \_\_\_\_\_

\_\_\_\_\_ License Plate \_\_\_\_\_

Registration Expires \_\_\_\_\_ Number of Seats with Belts \_\_\_\_\_

## III. Insurance Information:

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Liability Limits of Policy \_\_\_\_\_

## IV. Passenger Information:

If you wish to transport other students, they each must have a parent permission form. Please list the student passengers and attach a copy of their parent permission forms:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_

3.) \_\_\_\_\_

## V. Certification:

I hereby certify that I have been given a copy of the Mason Consolidated Schools Policy #8640 and that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport students.

\_\_\_\_\_  
(Student's Signature)\_\_\_\_\_  
(Parent's Signature)\_\_\_\_\_  
(Date)

## VI. Superintendent's Approval:

\_\_\_\_\_  
(Signature)