

Madrone Trail Public Charter School
PRIVATE VEHICLE TRANSPORTATION FORM

ACTIVITY

Activity: _____ Date(s): _____

Origin: _____ Destination: _____

Time of Departure: _____ Time of Return: _____

Faculty Sponsor: _____

DRIVER INFORMATION

Name of Driver: _____

Address: _____

Driver's License Number: _____ State: _____

VEHICLE INFORMATION

I will be transporting student(s) in the following described private vehicle for this activity:

Make	Year	Model
License Plate Number	State	

INSURANCE INFORMATION

I have personal injury protection and property damage liability insurance currently in effect with:

_____	under	_____
Company Name		Policy Number

The vehicle is in good working order. 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 declare that I have read the foregoing form and that the facts stated in it are true.

_____	_____
Driver's Signature	Date