

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
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_____ License Plate Number	_____ State
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INSURANCE INFORMATION

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

_____ Company Name	under	_____ Policy Number
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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
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Print name _____