

## I CERTIFY THAT I HAVE A FULL DRIVER'S LICENSE OR THAT I HAVE HAD A PROVISIONAL LICENSE FOR MORE THAN 151 DAYS

(STUDENT DRIVER SIGNATURE)

## **DRIVER PERMISSION / STUDENT SELF-TRANSPORTATION FORM**

Anytime a student is transported in a private vehicle, this form **MUST** be completed.

Because it is impractical to use commercial transportation for activities involving just a few students, there are circumstances when private vehicles are used to provide transportation. This form must be approved and filed with the Principal prior to the transportation of students to any school related activities when private vehicles with seating capacity of less than 10 (ten) passengers are used.

capacity of less than 10 (tell) passengers are	Driver Driver	
(Driver)(Activity)	_, wish to provide transportation to:  at	 e?
Passenger		
(Passenger)	, as the passenger, I will be riding with: to	
Driver (student, volunteer, school employee) of the	vehicle (circle one), please answer the following questions	s:
1. Do you have a current, valid driver's lic	ense? State License #	
2. Vehicle to be used to transport student	(Year, Make, Model)	
3. Vehicle's automobile insurance compa	ny	
Policy #Brok	xer/Agent Phone #	
school hours. Further, I understand that in the arising out of this activity, that the school, sch Education are not responsible. Claims should	I must notify school personnel responsible for activity e event of an accident involving personal injury or propole personnel, the Superintendent and members of the directed to the automobile insurance company lient, 2644 Riva Road, Annapolis, Maryland 21401 (4)	operty damage he Board of isted above and
By signature below, the individual signifies the inf	cormation provided here is accurate and that he/she under	rstands and agrees to
the terms herein.  Driver's Signature	Date	
-	Telephone Number	
Parent/Guardian Signature	(STUDENT I	REQUIRED FOR DRIVER / PASSENGER)
Address	Telephone Number	
Action by the Principal: Approved		
(Principal's signature)	Date	

This form shall be retained by the school for 90 (ninety) days. If notice of an accident is received, please forward this form to the Office of Insurance Management.