POLICY CODE: EEAG-R

WINDHAM SCHOOL DISTRICT PARENTAL TRANSPORTATION CONSENT AGREEMENT

(Please Print)

Student Name:			Year of Graduation:
Last	First	Middle Initial	
Street Address:			City/State:
Date of Birth:	-	Telep	hone:
Name of Parent(s)/Legal Guardian(s):_			_Emergency Telephone #:
Auto Insurance Carrier:			Policy No:
The Windham School District may author activities for reasons of convenience or safe below:	ize parent(s) or legal guardia ety, subject to the parent(s) or	an(s) transport their child to or legal guardian(s), and the	and/or from school sponsored events or school related student's agreement to meet the requirements detailed
Authorization: Any use of private vehic Superintendent or his or her designee. The	eles for the transportation cose providing unauthorized	of any student for any rea student transportation do se	son must have prior written authorization from the o at their own expense and liability.
License: The parent(s) or legal guardian(s) drive for the district. Any loss or suspensi	s) must provide a copy of a on of such license must be	valid New Hampshire driv reported to the district imm	er's license to the district prior to being authorized to ediately.
Insurance: The parent(s) or legal guardiar evidence of insurance must include liabili	n(s) must provide evidence of ty coverage (desired minim	of insurance to the district pum limits of \$100,000 per	prior to being authorized to drive for the district. Such person, \$300,000 per accident).
Limitations: Parent(s) or legal guardian(s Any deviation between the two locations guardian(s) are not authorized to provide	is not authorized, and is do	one so at the parent's and s	etween school and the student's approved destination. tudent's own expense and liability. Parent(s) or legal le on school errands.
I/We acknowledge that I/we have been in District. I/We fully understand that it is require drivers to be insured.	formed as to the requirement my/our responsibility to p	ents for allowing us to pro provide the required insu	vide our own transportation by the Windham School rance coverage. I/We understand that NH does NOT
I/We represent that I/we hold a valid Ne coverage, and am/are physically fit to dri school district will rely on these represent	ve a motor vehicle. I/We re-	ise, am/are covered by a v cognize that I/we are response	alid auto insurance policy with the required liability nsible for his/her safety and the safety of others. The
I/We acknowledge that I/we must adhere Safety, and that failure to comply could re	to all the above requirement escind the district's approval	nts, and the rules and regul of this activity. I/We cons	ations of the State of New Hampshire Department of ent to my/our child's participation in this activity.
I/We fully understand that the Windham S our own motor vehicle. I/We fully underst	School District does not pro- tand that it is my/our respon	vide any accident or health sibility to provide insuranc	insurance coverage for my/our child while driving in e coverage for my child, if I/we so decide.
I/We hereby waive, release and discharge any and all liability for bodily injury, inclu from our transportation of my/our child.	the Windham School Distraiding death, disability, person	rict and SAU #95, their Ad onal injury, property damag	ministrators; Employees; Volunteers; or Agents from e, property theft or any other cause of action resulting
I/We hereby indemnify and hold harmless any and all liabilities or claims made by o until the child is physically in the presence	ther individuals or entities a	is a result of my/our or my	dministrators; Employees; Volunteers; or Agents from child's conduct. I/We take responsibility for our child
Parents/Legal Guardians or studen	ts who do not wish to	accept the requirement	s of this activity as described in this consent
form should not sign this permission	n and consent form.		
Signature:	al Guardian	Date:	Work Tel:
Parent/Lega	al Guardian		
Signature:		Date:	Work Tel:
Parent/Lega	al Guardian		
"I have read the foregoing and will abide I	by the requirements and reg	ulations contained therein.'	
Signature:		Date:	
S	tudent	2000 Table 1	

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NOTE: THIS FORM MUST BE COMPLETED WITH ALL ATTACHMENT PARENT/GUARDIAN WILL BE ALLOWED TO PROVIDE TRANSPORTA	
Superintendent or Designee Approval:	Date:
Please complete: Parental Transportation Rationale/Justification.	

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PARENTAL TRANSPORTATION RATIONALE/JUSTIFICATION

Student Name:	Date:	
Parent/Guardian Name:		
lease explain the purpose for providing pr	ivate transportation of the student(s).	
vent:	Date:	
ocation of Event:	Time:	
ationale/Justification:		
perintendent or Designee Signature:		

NOTE: THIS FORM MUST BE COMPLETED IN ALL DETAILS AND RETURNED TO THE DISTRICT WITH THE CONSENT FORM BEFORE PARENTAL TRANSPORTATION OF THE STUDENT(S) WILL BE ALLOWED.