

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

DRIVER SIGNATURE

DATE

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.

Driver

I, _____, wish to provide transportation to:
(Driver)
_____ at _____
(Activity) (Location)
on _____. Are you a () Student? () Volunteer/Parent? () School employee?
(Date)

Passenger

I, _____, as the passenger, I will be riding with:
(Passenger)
_____ to _____
(Driver) (Activity)
at _____ on _____.
(Location) (Date)

Driver (student, volunteer, parent, school employee) of the vehicle (circle one), please answer the following questions:

1. Do you have a current, valid driver's license? Y N State _____ License # _____ Expiration _____
2. Vehicle to be used to transport students _____
(Year, Make, Model)
3. Vehicle's automobile insurance company _____
Policy # _____ Broker/Agent _____ Phone # _____

Submit this form along with a copy of the policy declaration page from your personal auto insurance policy; this is not the ID card that you carry in your vehicle. The policy must be in effect on the expected date of travel and must carry liability limits of at least \$300,000 single limit or \$100,000/\$300,000/\$25,000 combined limit. I understand that in the event of an accident, I must notify school personnel responsible for activity immediately. Further, I understand that in the event of an accident involving personal injury or property damage arising out of this activity, that _____ School, school personnel, the Superintendent and members of the Aurora Public Schools Board of Education are not responsible. Claims should be directed to the automobile insurance company listed above and reported to the Aurora Public Schools Risk Management Department at (303) 365-7816.

By signature below, the individual signifies the information provided here is accurate and that he/she understands and agrees to the terms herein.

Driver's Signature _____ Date _____

Address _____ Telephone Number _____

Parent/Guardian Signature _____ **REQUIRED FOR (STUDENT DRIVER / PASSENGER)**

Address _____ Telephone Number _____

Action by the Principal: Approved _____ Not 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 Risk Management.