

Banks School District 13

Code: **EEAE-AR**
Adopted: 9/9/96
Revised/Readopted:: 7/10/00
Orig. Code(s): EEAE-E

Parent/Guardian Permission for Transport of Student by Private Vehicle

I/We _____ and _____

Parents of _____ (student) do hereby give permission for the transport in a private vehicle of the above student on _____ (date) for the activity of _____ (insert the name of event/activity)

In granting this permission, I do understand that Banks School District is not and cannot reasonably be expected to investigate each individual who might be designated by a parent or guardian to provide transportation of district students. I do authorize the district to rely upon my permission and this statement that I am satisfied that the individual to drive the private vehicle is a safe, sane and responsible driver. I do further acknowledge that I am aware of the requirements of the district's policy with respect to the transportation of students by private vehicle, a copy of which is attached to this permission. I am satisfied that all of such requirements have been met and I submit with this permission the completed and signed proof of insurance form.

I do hereby release the Banks School District of and from any liability and/or responsibility for accidents or injuries as might be sustained by my student/child occasioned by his/her traveling in a private vehicle to or from the school activity identified above.

Dated: _____

Parent/Guardian Signature

Parent/Guardian Signature

PROOF OF LIABILITY INSURANCE

To: Any parent, employee or other designated adult who will provide private transportation of a student of the district to an approved activity.

Pursuant to Banks School District policy if you are going to provide transportation by private vehicle of a student of the district to or from any activity approved by the district the following form and questions must be answered.

1. Name and address of your automobile liability insurance carrier:

2. Policy number: _____
3. Describe covered automobile to be used: _____
4. Your full name as it appears on your driver's license:

5. Your address: _____

6. Your phone numbers: Daytime: _____ Evening: _____
7. Your Oregon State Driver License Number: _____
8. List any moving violations or accidents in the last three years.

	Date	Description
1.	_____	_____
2.	_____	_____
3.	_____	_____

I do hereby certify to Banks School District 13, its administrators and staff that the foregoing information is true.

Date: _____

Signature: _____