

MSAD #56 Transportation Authorization Using a Private Vehicle

Driver's Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Have you placed on file in the Superintendent's Office:

a). written documentation of your current insurance policy showing a minimum of \$100,000/\$300,000 liability insurance for bodily injury and uninsured motor vehicle coverage.....YES \_\_\_\_\_ NO \_\_\_\_\_

b). your valid driver's license..... YES \_\_\_\_\_ NO \_\_\_\_\_

**IF "NO" TO EITHER OF THE ABOVE, AUTHORIZATION IS DENIED.**

DATE OF TRIP(S)	PURPOSE OF ACTIVITY	LIST STUDENTS BEING TRANSPORTED	DESTINATION OF TRIP(S)	TIMES OF TRIPS

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent of Schools

\_\_\_\_\_  
Date

See reverse side for School Board Policy EEAE