

LINCOLN PARISH SCHOOL BOARD

Personal Vehicle Transportation Form

Name of Driver

Home Phone #

Address

Work Phone #

Who is the Driver? (Parent, Teacher, Legal Guardian, etc.)

School Name and Activity Sponsor

Trip Destination

Reason for Trip

Date; Leave Time; Return Time

How many students will be transported? _____

List all occupants that will be in the vehicle:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do all students have written permission to travel with the group? _____ YES _____ NO

Who is the owner of the vehicle(s)? _____

Does the owner of the vehicle know that the vehicle will be used to transport students? _____ YES _____ NO

What is the type, age, and condition of the vehicle(s) to be driven? _____

Is the owner of the vehicle aware that his or her insurance is the first line of defense in the event of an accident?
_____ YES _____ NO

What is the insurance liability limits on the vehicle used? (**minimum requirement – 100-300-100**) _____

Has the driver received any moving violations, DWI / DUI, or other citations in the last two years?
_____ Yes _____ NO. If YES, please list. _____

Has the driver had his or her driver's license(s) suspended for any reason? _____ YES _____ NO. If YES, please explain. _____

Signature of Driver

Date

Signature of Owner

Date

Signature of School Administrator

Date

***** Please note that this form must always be submitted with a copy of the individuals drivers liscense and insurance card.