

OTTAWA-GLANDORF SCHOOLS

Please attach all Parental Consent
Forms (8660 F2).

REQUEST FOR TRANSPORTATION BY PRIVATE VEHICLE FORM 8660 F1

EMPLOYEE REQUEST

Employee Name _____

Purpose of Trip _____

Date(s) of Trip _____

Time(s) of Departure _____ Time(s) of Return _____

Owner of the Vehicle _____

Driver of the Vehicle _____

Description of Vehicle (*make, model and year*) _____

Amount of Liability Insurance \$ _____

Name of Insurance Company (*attach a copy of front page of insurance policy*) _____

I affirm and certify the following:

- _____ There is a safety belt for each passenger and I will require all passengers to use the safety belts.
- _____ I have a valid operator's license in this state. (*attach copy of license*)
- _____ Each student's parent has provided written consent to the trip. (*Form 8660 F2*)
- _____ The vehicle is in proper operating condition.
- _____ No hazardous road conditions on the itinerary are forecast.
- _____ Proper transportation has been arranged for each student upon return to the school.
- _____ No other person other than the driver listed above will be driving the vehicle during the trip.
- _____ Any student under the age of twelve (12) will be seated in the rear seat of the vehicle.
- _____ If the trip is out-of-town and the transportation is approved, a copy of each student's Emergency Medical Authorization Form 5341 F1 will be maintained in the vehicle during the trip.
- _____ A list of names of the students who will be riding in the vehicle will be provided to the school office.
- _____ I have no more than eight (8) points and/or no six (6) point convictions on my license within the last twenty-four (24) months.

Employee's Signature _____ Date _____

APPROVAL

_____ Transportation Approved _____ Transportation NOT Approved

Principal's Signature _____ Date _____