

TRANSPORTATION BY SCHOOL EMPLOYEE IN A PERSONAL VEHICLE

Employee Name (print)		School		
private vehicle, must of residence), and p seating capacity of driving record of th	ee, other than a school bus driver, whost have a valid driver's license issued by proof of insurance. Such drivers may on 10 or less, including the driver. The Due employee before the employee transporting students in an emergency affection	y the State Depa nly operate vehi istrict shall obta ports students.	artment of Lice cles with a ma ain a certified a This requirem	nsing (or their state nufacturer's rated bstract of the
Supervisor Authoriz	zation			
		Date	Initials	
	Driver's License (attach proof)			
	Insurance (attach proof)			
	Certified Abstract (attach proof)			
	General Vehicle Safety Check			
Supervisor's Name (print)		Supervisor's Signature		
Employee: I have read and will and hereby release Indemnify the Clark activity. I acknowle	comply with the guidelines outlined in the Clarkston School District from any aston School District from any and all cl adge and agree to assume full responsi collision, made by or against me. Dated this day of	board policies and all liabilitie aims that may r bility for any lia	and procedure s and further H esult while par bility or proper	lold Harmless and ticipating in this
Employee Signature	2:			