



**Columbiana**  
**EXEMPTED VILLAGE SCHOOLS**  
COLUMBIANA, OHIO 44408

**Student Transportation by Private Vehicle**

Date of Trip(s): \_\_\_\_\_ Time of Trip(s): \_\_\_\_\_

Reason for Transportation: \_\_\_\_\_

Transported From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Owner or Lessee of Vehicle: \_\_\_\_\_ Name of Driver: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Driver Address: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Description of Vehicle: \_\_\_\_\_

**Driver's Certification:**

I certify that I will require all occupants of this vehicle to wear a seat belt throughout the duration of the trip (ONE OCCUPANT PER BELT) and will be responsible for the behavior of the students riding in this car. I will report misconduct to the building principal.

\_\_\_\_\_  
**Driver's Signature**

**Owner's (Lessee's) Certification of Insurance:**

I certify that the vehicle described above is covered by insurance liability of at least \$100,000 per person / \$300,000 per occurrence including \$1,000 medical payment with the :

\_\_\_\_\_  
**Insurance Company**

\_\_\_\_\_  
**Policy Number**

\_\_\_\_\_  
**Owner's (Lessee's) Signature**

**Names of Students to be Transported:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Building Principal's Signature**