

**FIELD TRIPS - PRIVATE VEHICLE USE
AUTHORIZATION FORM**

IICA-R-1

Teacher Making Request _____ Date _____

School _____ Principal _____

Describe Field Trip and Reason for Private vehicle use _____

Date of Trip _____

Approx. Departure Time _____ (AM-PM)

Approx. Return Time _____ (AM-PM)

I agree to transport students of the Sanford School System, as designated by the school Department, to and from the Field Trip described above. I will pick up the designated students at the place of departure, being _____ at the approximate departure time and I will return the same students to the place of departure and no other place at the approximate return time.

VEHICLE INFORMATION

Make _____ Model _____ Year _____

License Plate No. & State _____ Mileage _____

Condition of Vehicle _____

Owner & Address _____

Number of Passengers car can transport (seat belts) _____

(This number does not include the driver)

Is the vehicle presently insured? Yes _____ No _____

Is the vehicle presently inspected? Yes _____ No _____

If yes, please complete the following:

Policy Number _____

Name of Insurance Company _____

Name of Agent _____

*Liability of Coverage _____

*Minimum of \$100,000 - \$300,000 is required.

Copy of insurance Policy/ Proof of Insurance Card must be submitted with this form.

I understand that the Sanford School Department's selection of me to drive students to and from the Field Trip is based upon the School Department's reliance upon the accuracy of the representations, statements and information on this form.

Vehicle Owner's Signature

Principal's Signature

Business Administrator's Signature