

**Use of Private Vehicle Authorization for School Transportation**

Student's Name \_\_\_\_\_ WHCL ID# \_\_\_\_\_ Date \_\_\_\_\_

**I. INFORMATION ON VEHICLES:**

Make or Model: \_\_\_\_\_ Vehicle License # \_\_\_\_\_

Registered Owner: \_\_\_\_\_

Address of Registered Owner: \_\_\_\_\_

Name of Driver: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Type of Insurance: (Mark all that apply)

Public Liability  Property Damage  Medical Coverage  Collision **ATTACH A PHOTOCOPY OF CURRENT INSURANCE CARD OR PROOF OF INSURANCE WITH THIS FORM.****II. STATEMENT**

I understand that if I fail to provide evidence of a current driver's license and/or current vehicle insurance, I am not authorized to drive.

 **I WILL be driving** **I WILL NOT be driving**\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Date