



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: (Check as applicable)

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