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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