



**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