

# LINCOLN PUBLIC SCHOOLS

## PERSONAL VEHICLE USE ON TRIP WITH STUDENTS

**To be completed by person driving and turned into office prior to the trip.**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

ISSUING STATE: \_\_\_\_\_

NAME OF INSURANCE CARRIER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

I certify that I am the owner of the vehicle being used. I understand that I am responsible for any injuries or damages that arise while transporting students on this trip while in the vehicle. I will require seat restraints to be worn by all students as well as myself and I will not seat any student in the front seat of my vehicle.

SIGNATURE OF DRIVER: \_\_\_\_\_

DATE: \_\_\_\_\_