



## ***Student Transportation in Private Vehicle***

Parent/Guardian who seeks permission for their student to provide their own transportation in a private vehicle shall file this request with the Char-Em ISD program administrator. Completion of this form fulfills this requirement.

School Year: \_\_\_\_\_

I am requesting permission for \_\_\_\_\_ to self-transport to:

School       Career and Technical Education Class      Location \_\_\_\_\_

Furthermore, I affirm and verify that:

\_\_\_\_\_ The vehicle to be used is equipped with seatbelts that are capable and in good repair. Seatbelts shall be used at all times when the vehicle is in operation.

\_\_\_\_\_ The vehicle shall be in good condition, particularly as it pertains to safety equipment such as brakes, tires, horn, lights etc.

\_\_\_\_\_ Vehicle and driver shall be insured and proof of insurance, along with a valid Michigan Driver's License shall be presented prior to permission given for student transport.

\_\_\_\_\_ No other student "passengers" may be carried by the student under this policy and these rules without specific permission from the Superintendent. Students found to be transporting other students, without having permission to do so, will have their self-transportation revoked immediately.

\_\_\_\_\_ The student shall maintain a driving record free of violations or infractions of the Michigan Vehicle code

\_\_\_\_\_ The Board of Education shall be held harmless from any claims, suits, liabilities, causes of action or responsibility for any type of accidents, injuries or death connected with the permission for student self-transport, it being specifically understood that the parents/guardian and student involved assume total and complete responsibility for all liabilities connected to the permission for student self-transport.

I have read and understand all the requests and requirements expected of me under this policy. I also understand that this request for the use of my personal car for transportation is a privilege and failure to adhere to rules and provisions of this procedure can result in the loss of this privilege.

Student's driver license number: \_\_\_\_\_ Student DOB: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature      Date      Student Signature      Date